St. Mary's Hospital Gazette.

VOL. X. 1904.

LONDON:
MORTON & BURT, PRINTERS, 187, EDGWARE ROAD, W.

1904.

CONTENTS.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. X.—No. 1. **JANUARY, 1904.** **Price 6d.**

The Casualty House-Surgeon.

The Board of the Hospital determined some months ago to create a new House-Officer to be called the Resident Casualty House-Surgeon. The reasons which led to this resolution were very sufficient, as any one who knows the working of the London Hospitals must recognise. It is in the Casualty Department, with its constant and unremitting pressure of work of the most varied description, that the reputation of a Hospital for carefulness is made or lost, and it is in this department that every precaution must be taken to ensure that as few mistakes as possible occur. That alone forms sufficient reason for the desire of the Hospital Authorities to put this department under the charge of a man who has been through the work of the Hospital Wards, and has acquired that sense of responsibility which six months as a House-Surgeon or House-Physician must give. Under the present circumstances the surgical casualties are nominally under the care of the House-Surgeon for the day, and he or the House-Surgeon on second duty, is supposed to see every serious case that comes into the department. But during the forenoon it frequently happens that all the House-Surgeons are too busily engaged in the wards to see any case, and by the time they have finished their ward work and their old cases, they have to rush to get ready for the Surgeon's visit, and often the full duty House-Surgeon is in the theatre, and the half-duty House-Surgeon is in the wards most of the afternoon, and so it may happen that without any intermission of duty on the part of any one concerned, there may be no one available to see cases which, while not of immediate or grave urgency, should be seen by the man responsible.

Of necessity, the regulations for any new post involving a change in the existing methods of work must be at first of a tentative description. No regulations ever devised by human wit have been perfect, and it is only experience which can show in what direction they require modification. In drawing up the rules which are to govern this new office, the Medical Committee have kept in view three main objects, firstly and principally to secure the efficient supervision of the Casualty Department by the appointment of an officer who has held house office; secondly, to interfere as little as possible with the rights and privileges of the existing House-Surgeons; and thirdly, to secure for the new Casualty House-Surgeon a sufficient number of hours off duty during the week. If men who have been kept from applying for this post by some one or other of the regulations will only bear in mind that such regulations must always at first be of the nature of an experiment, and that only after trial can the faulty ones be discarded and new ones devised, and that in practical working all rules get modified, we think that they will recognise that there need be no fear of the friction with other House Officers, nor of overwork, which formed the two principal objections to the provisional regulations which were first published.

To correct a prevailing misapprehension we may state that the new officer will not be liable for any duty in the Out-Patients' Department. It is very much to be desired that some application will shortly be made by a St. Mary's man, as otherwise the post will be publicly advertised and an outside candidate appointed.

"Medicine and Folklore."*

By E. GRAHAM LITTLE, B.A., M.D., M.R.C.P.
Physician to the Skin Departments at St. Mary's Hospital and at the East London Hospital for Children, Shadwell.

The relation of popular thought to medicine is not a disadvantageous one to discuss even in a medical society. It must never be forgotten that the careful investigation of a piece of countryside folklore current in Gloucestershire, led Jenner to the discovery of vaccination, and with that discovery opened the great modern field of the antitoxin treatment of disease, the most fruitful advance in contemporary therapeutics. Moreover, in any large community of students, such as this, coming as they do from many different parts of the country and the empire, there are obvious possibilities of hearing, in subsequent discussion, of some out-of-the-way items of belief which it would be most interesting to collate and examine.

I should begin by explaining that by "Folklore" I mean "The learning of the People," not only the superstitious beliefs to which the word is sometimes restricted. Ruskin in defining the distinction of superstitions from religion says that "superstitions are creeds of the past; in contradistinction to religion which is a creed of the present." It is similarly true very often that a popular belief has had its foundation in an older system of pathology which current orthodox medicine has long since disproved and forgotten. For example, it is still a practice in the countryside to employ a charm for the destruction of warts. A piece of meat must be stolen, no doubt in order to gain the sympathies of the devil, who is supposed to engineer the hoped-for result. It is rubbed on the warts, and is then buried. As the meat decays, the warts likewise waste and disappear. Now this is a remnant of a very old and widely found superstition. Our first King James, the author of a work on Demonology, says "The devil teaches how to make pictures of wax or clay that by wasting thereof the persons that they bear the name of may be continually melted or dried away by continual sickness." This was the charge against Eleanor, Duchess of Gloucester, "that she made an image of King Henry VI. which by sorcery was gradually consumed, thereby intending to waste and destroy the King's person." An illustration of this superstition is offered by the entertaining story "The Leech of Folkstone," in the Ingoldsby Legends.

Another instance of a vicarious linking of fates is exhibited in a cure for rupture practised in many parts of the country. The ruptured child was passed through a fissured ash-sapling, which was then bound together again; if the tree healed the child was supposed to be cured. The tree was then very carefully tended since it was supposed that when it died the person for whom it had endured the ordeal would die also. This seems to have been a Druidical ceremony, but it was practised right up to the 19th century.

During the earlier months of the late Boer War, the papers published an account of the proceedings of the witch-doctors in Basutoland on the outbreak of hostilities. They set apart certain oxen to represent the Boers and British respectively, and subjected each lot to a special treatment, victory being supposed to fall to the side whose oxen best survived the ordeal. It was disquieting at the time to learn that our oxen incontinently perished leaving the Boer animals sound and hearty. It is probable that the Transvaal secret service fund had some causal connection with this curiously selective bovine destruction.

The part played by animals and their secretions in folklore is reflected in old works on materia medica whose contents afford amusing reading to us, and yet here too our ancestors stumbled on a truth which is daily becoming more important in current medicine. In a work published in 1713, by a man who describes himself as "A London Physician of some eminence who consulted with Harvey," it is taught that "portions of the body of animals as food are of special service in cases of diseases of the same parts or organs in man." This is an anticipation, by nearly two centuries, of a therapeutic indication extremely fashionable at the present time. We prescribe the thyroid glands of the sheep to persons whose thyroid is diseased or deficient; the gastric glands of the pig to those whose digestive functions are impaired; and the macerated testicles of the guinea pig to persons who in the language rendered familiar by advertisements, "have exhausted their vital forces."

In South Africa where snakes are plentiful, the Kaffirs have long been accustomed to eat the bodies of venomous species, in the belief that they derived immunity from the dangers of the bite. Here again is a popular anticipation of a scientific discovery reserved for quite recent years; and Calmette must share his laurels with some unknown, far off, observant savage, who will no doubt claim priority for his discovery in the distribution of Kudos in "the great hereafter."

But in the older medicine, echoes of which still survive in popular beliefs, animal products were much more varied and numerous. In the London Pharmacopœia of 1677, the official preparations include the fæces of man, of goats, of snakes, and of horses; cobwebs; hoofs of various animals; ostriches' eggs; the powdered skull of men dying violent deaths, etc. In 1721, snails, toads, scorpions, apes, vipers, earthworms, all contributed their quota. In 1746, Mummy was solemnly cast out of the Pharmacopœia; but a century earlier the great chemist Boyle had firmly believed that he had been cured of a hæmorrhage by the application of powdered human skull to his skin.

In a medical treatise, published in 1641, one ingredient of a prescription is "5 spoonfuls of the urine of a male imbecile child." Women in labour were supposed to benefit by drinking the urine of their husbands. An old writer has a picture of "the husbands all the while of the travail stationed, as I have seen the cows in St. James' Park, and straining themselves to give as much as they can." Mr. Brudenell Carter has told me that in a northern county where his early practice lay, the popular remedy for ophthalmia of newly-born children was to bathe the eyes in the urine of parturient women—whose septic condition probably originated the disease in the child. Mr. Carter even

* A Paper read before St. Mary's Hospital Medical Society, on October 28th, 1903.

informed me that urine was a marketable commodity in this community.

As may be supposed, the superstitions and beliefs relating to blood are ancient and numerous. Much of the Levitical Law is taken up with its consideration, and the abhorrence there expressed has been no doubt responsible for its avoidance as a food. It has nevertheless been largely used as a medicine, both for internal and external use. The warm blood of the gladiators, "butchered to make a Roman holiday," was prescribed by Roman physicians for various diseases, especially epilepsy. Blood baths have very frequently been used in quite modern days. In Paris and New York the slaughter-houses have at times been besieged by fashionable ladies, anxious to bathe in the warm blood of bullocks. The blood of infants, applied externally, was anciently supposed to be efficacious against leprosy; Bacon refers in good round terms to the use of blood as "sluttish and odious." In the popular excitement of the time of Louis XV. says Carlyle "an absurd and horrid faith arose among the people; it is said the doctors have ordered a great person to take baths of young human blood for the restoration of his own, all spoiled by debaucheries."

Amongst the Dutch farmers in South Africa the fresh blood of an animal is supposed to be of great efficiency in curing inflammations, an application of the principle of "similia similibus curantur" with a vengeance. The method of use is somewhat as follows:—A warm-blooded animal, usually a sheep, is killed and rapidly disembowelled, and the injured part is plunged into the abdominal cavity which immediately fills with warm blood. The action probably is really that of a poultice in the combination of warmth and moisture. It is curious that an almost identical practice was recommended by an English physician writing in 1633. As an antidote against poisons he says; "Take a sound horse: open its belly alive: take out the entrails quickly, and put the poisoned person naked into it, all save his head, while the body retains its natural heat, and there let him sweat well."

It must not be forgotten that we owe some of our most valued remedies to popular experience. Quinine, which has become now very firmly established as the best medicine for Malaria, since its action on the malarial parasites has been investigated, was the discovery of the South American Indians, and they communicated it to the Jesuit priests who worked among them. It is said to have been probably discovered accidentally, some of the cincona bark being immersed in ponds, the waters of which the natives found to be bitter and efficacious in controlling fever. The first European of note to try the new remedy was the Countess of Chinchon, in 1638, wife of the Governor of Peru, hence the name "Cinchona" which it still bears. Its introduction into medical practice was at first strongly resisted by the orthodox profession, its victory in this country being mainly due to Sydenham. The use of salicylates also was probably derived from popular medicine, since decoctions of willow bark were used in febrile disorders as early as the time of Galen. It is interesting to note that in the Napoleonic wars, when the price of Cinchona rose to an abnormal extent owing to the Continental blockade, salicylates were largely used to replace it; indeed a London physician of the time wrote a treatise advocating "the superiority of Willow bark over Peruvian in the cure of ague, abscesses, hæmorrhages, etc." Chrysarobin, which I use in my own department pretty frequently, is the discovery again of the natives of Brazil where the trees grow from which Chrysarobin is prepared. They found that the powder sprinkled on sliced lemons, cured skin diseases, especially ringworms.

The superstitions which have grown round precious stones and metals are particularly numerous and of remote antiquity. The imagination of the Hebrew writer of Revelations, with its picturing of heaven as made up of layers of precious stones, has no doubt an allegorical connection with the virtues represented by precious stones. The very word "Amethyst" conceals in its etymology a reference to the belief that it kept inebriety at bay. The great majority of my hearers will no doubt have occasion within a very few years to severally discuss with the fair ladies of their choice the great question as to what stones should form the adornment of their engagement-rings, and will probably find that very decided views are entertained as to the occult powers of the various pebbles in use for such occasions. The fortunate fellows may be interested then to know that the reason why the ring is placed on "the fourth finger, counting thumb," as the prayer book has it, is that popular anatomy, founded again on older scientific belief, ascribes to this finger a special artery or vein running directly to the heart. I suppose there are few women who would regard the removal of the wedding ring from their finger without misgivings. This feeling is the basis of the delightful scene in "Richard Feverel," between Lucy and Mrs. Berry, when the two women battle royally for the possession of the latter's ring, forcibly appropriated by the masterful Richard.

The wearing of rings is of course bound up with numerous superstitions, dating from immemorial ages. The Puritans objected to the practice as a relic of paganism, and Butler makes fun of them in these lines:

"Others were for abolishing
That tool of Matrimony—a ring,
With which the unsanctified bridegroom,
Is only married to a thumb."

But in the old medical systems, precious stones and metals were used as internal medicaments as well as outward charms. Chaucer ends his description of his Physician in the Prologue to the Canterbury Tales with this sly hit at the cupidity of the class:—

"For gold in physic is a cordial,
Therefore he loved gold in special."

In a very full account of the remedies used from time to time by the sixteen physicians in attendance on Charles II. during his last illness, we are told that after administering various fancy potions, including "distilled human skull," they wound up with a blunderbuss charge of precious stones—a powder compounded of topaz, hyacinth, sapphire, ruby, pearls, emeralds, coral, musk, ambergris, and gold. N.B.—He died on the afternoon of the same day.

Another aspect of the same subject is the belief in the efficacy of certain charms in curing or preventing diseases. For instance we constantly see at Shadwell the children of the poor with necklaces of beads of glass, usually blue, which are worn throughout infancy

under the impression that they ward off colds. This seems to be a relic of an old Druidical custom: beads of glass were made to represent viper's eggs, and worn by children to assist in teething, to cure cough, or to drive ague away. I was travelling to Plymouth on one occasion with a couple of gentlemen, unknown to me, but who seemed to be prosperous City men. One of them mentioning that he suffered from Rheumatism, the other earnestly persuaded him to carry a raw potato in his trouser-pocket, and himself produced a round hard brown object, which he affirmed was a potato which he had thus carried on his person for about six years. He ascribed to this talisman his remarkable freedom from Rheumatism. I have not been able to find any written record of this superstition.

In a curious French treatise quoted by Dr. Ogle, published in 1862, mention is made of an old book giving instructions for the making of Amulets with the Psalms of David. The 16th Psalm, composed by David when pursued by Saul, is considered to be useful against pains of body and mind. It procures prosperous voyages, and if carried, written with its character, under the left axilla, and repeated nine times, it prevents accidents. The 18th Psalm, if properly used, facilitates parturition; the 32nd Psalm prevents sterility. The 70th restores vigour to the aged. As it must be long since you attended Sunday School, I recommend you to look these up. In similar vein is this cure for Ague, vouched for by an old doctor. "When Jesus went up to the cross, to be crucified, the Jews asked Him, saying, 'Art Thou afraid, hast Thou the Ague?' Jesus answered and said, 'I am not afraid neither have I the Ague.' All those which bear the name of Jesus in writing about them, shall not be afraid, nor yet have the Ague." Here is a lively account of a similar superstition in Persia, from the pages of Hadji Baba. The second Dervish tells his story of being called in to write a talisman for the druggist. "I asked for paper with an air of authority, as if I felt great confidence in my powers, although, in fact, I had never written a talisman before, and a large piece was produced, which seemed to have been the wrapper to some drug or other. Pen and ink were also given me, and then, calling up all my gravity, I scrambled the paper over in a variety of odd characters, which here and there contained the names of Allah, Mohammed, Ali, Hassan, Hosein, and all the Imams. I then handed it over with great ceremony to the doctor, who, calling for water and a basin, washed the whole from off the paper into the basin, while the bystanders offered up prayers for the efficacy of the precious writing. The doctor then said, "In the name of the prophet, let the patient take this, and if fate has decreed that he is to live, then the sacred names which he will now swallow will restore him; but if not, neither my skill nor that of any other man can ever be of the least avail." The sequel is, that the patient immediately vomited profusely, and recovered. More gruesome charms than these were derived from the public executions which became popular festivals and attracted large crowds. A dead man's hand was supposed to have the quality of dispelling tumours; the hands of persons dying violent deaths being especially efficacious. In the report of an execution in 1777, it is recorded that "after he had hung about ten minutes, a very decently dressed young woman went up to the gallows in order to have a wen on her face stroked by the executed man's hand." An old author says, "A halter wherewith one has been hanged, if tied round the head will cure headache." Doubtless, it cured the man who was hanged with it; but its efficacy did not cease here, and there was great competition for the rope at public executions. Thus, in 1752, at the execution of a notorious highwayman, a young woman came forward and begged for the rope, which she said she had come fifteen miles to obtain, and which was given to her. On another occasion there was a fracas amongst the persons contending for the rope after the body had been cut down. Chips or cuttings of the gallows, on which several persons had been executed, were supposed, if worn next the skin, to cure the ague.

For convulsions and the "falling sickness," a Devonshire remedy was to wear a ring made out of three nails used to fasten coffins, which must be dug out of the Churchyard. An easier cure for the same disorder was to make the ring from silver collected at the Communion Service. In touching for the King's evil, a custom which was prevalent for centuries in this country, an important part of the charm was the hanging of a gold coin round the neck of the person affected. Probably the small bags of camphor so commonly worn by persons during the late epidemics of Influenza, are hardly more efficacious, but are certainly pleasanter and more companionable charms than the baked toad, or even live animal, hung in a bag round the neck, which Essex folklore recommended against infectious diseases. Lord Chancellor Hatton sent to Queen Elizabeth a ring "which hath the virtue to expel infectious airs, and is to be worn betwixt the Sweet Dugs, the chaste nest of pure Constancy."

A child's caul was from the time of the Christian fathers reputed to be a talisman against sickness and injury, and especially against drowning. It was much sought after by seamen, and even up to the beginning of the Nineteenth Century advertisements relating to it were common. Thus, in the *Times* of 20th February, 1813, a notice says, "A child's caul to be sold in the highest perfection, price £12.—Enquire at 2, Church Street, Minories." Another advertisement a week later, said, "To persons going to sea. A child's caul, in a perfect state, to be sold cheap.—Apply at 5, Duke Street, Manchester Square." The price of this commodity had evidently waned, for in 1779 there is an advertisement offering it for not less than twenty guineas. Though reputed so fortunate, it was on another occasion nearly the cause of disaster. "A silly jealous fellow seeing his child new born, included in a caul, thought sure a Franciscan Monk that used to come to his house was the father of it, it was so like a friar's cowl, and thereupon threatened the friar, to kill him."

It only remains for me now, gentlemen, to thank you for the courtesy of your attention, and to invite you all to contribute any individual experience of curious or interesting beliefs that may have come under your observation.

Notes.

We apologise for the tardy appearance of our New Year Number, but have been waiting for an important contribution which has only come in during the last few days. We must accordingly ask readers to regard our account of the Christmas doings rather as a retrospect than as a recent chronicle.

To begin with we will quote a charming Christmas message just received from an old St. Mary's man, Dr. Kenneth W. Millican, of 101, Hamilton Place, New York, who sends this serious but kindly greeting to his *Alma Mater*. The original is printed on a thin shaving of birch bark:—

A CHRISTMAS RONDEAU.

When Christmas comes with joyous face
To bid mankind take heart of grace,
The while we banish carking care,
And live gay lives and debonair,
Grave thoughts with gay will interlace:

Three phases life clasps in embrace—
To be, to do, to feel. Beware,
Lest aught this trinity efface,
When Christmas comes.

So, fresh ideals let us trace;
Ourselves to utmost effort brace;
But, most of all, our hearts lay bare,
That sympathy in them may share
The rhythmic pulsing of our race,
When Christmas comes.

K. W. M.

St. Mary's returns the greetings four-fold, aud hopes that if any of the ghosts which haunted his old house at KINETON have followed him across the Atlantic, they are of the genus *mascotte*.

We hope that our readers will forgive the somewhat unprofessional contents of this number; though there are indeed some who would like to see the GAZETTE always carried on in a spirit of levity, others perhaps may deprecate our departure from the strict level of professional gravity, and it is to these gentlemen that we owe our apology. We must plead that the echo of the Christmas festivities in the wards has found its way to the editorial office, and caused us to also relax the stern bonds of regular precedent.

Everybody will join the Committee of Publication in congratulating Mr. Leslie Paton, the Editor of this paper, on his complete and rapid recovery from his recent illness, and in hoping that this number, which will see the light before his return, will find him again as fit as ever, and ready to rejoin us soon at St. Mary's.

Attention is directed to the approaching examination for the Charles Murchison Scholarship in Clinical Medicine, for which we should much like to see one or more entries from St. Mary's: it will be held at the Royal College of Physicians of London, beginning on Monday, April 11th. The Scholarship is open to any student of medicine who has been a registered medical student during a period of not less than five, and not more than seven years at a Hospital in London or Edinburgh, recognised by the Royal College of Physicians of London or by the Medical Faculty of the University of Edinburgh, and whether holding a medical qualification or not. The examination will be conducted both orally and in writing, and will include—(*a*) Examination of patients, with reports on their cases. (*b*) Questions on pathology and treatment. (*c*) Examination on specimens. The scholarship is of the value of twenty guineas, and is tenable for one year. Any intending candidate should send in his name to the Registrar of the Royal College of Physicians, Pall Mall East, not later than March 25th, with evidence of the duration of his medical studies from the Dean of his School.

We print a short account of two new members of the teaching staff of the School, Dr. Lehfeldt is the first to hold the new appointment of Lecturer on Physics, as up to the present Physics and Chemistry have been taught by the same lecturer, as in most other schools. The new arrangement is an obvious advantage for Pre. Sci. students, and the School is fortunate in securing Dr. Lehfeldt's services. Mr. Collingwood, the recently-elected Demonstrator in Physiology,

has had considerable teaching experience, and we feel confident he will ably second Dr. Alcock in the conduct of his department.

The first three candidates who went up from Dr. Lewis' D.P.H. class all succeeded in gaining the diploma, which is a very satisfactory start. We hope this percentage will be kept up.

The draw for the Rugger Cup-Tie has brought together Mary's and Westminster in the first match, which is set down for the 21st. There is a pitiful tale to tell of our team, as Phillips is laid up with bronchitis; Wells is in Thistle with a fractured fibula; and now Johnstone has ruptured his biceps in an energetic attempt at collaring, and Buckby has sprained his shoulder severely. Our sympathies are with these sufferers, and our prayers are for decent substitutes. We are sure that the men chosen will all do their level best. Of course Wells will not be able to play again this season, but with any luck, Phillips at least, will be fit again before the next encounter (if there *is* a next !).

Just as we go to press we hear there is a likelihood of this match being postponed, which looks like a turn in the wheel of our fortune.

Christmas was a distinctly quiet festival this year, and was in no way marked above ts predecessors s ave in one respect, the really excellent theatrical entertainment given by the residents, to which we shall refer at greater length.

In the wards the decorations struck the note of quietness that prevailed throughout, owing to the rule which forbade the display of any flags or bunting. We venture to hope that this rule will be repealed next year, as unrelieved evergreens are distinctly gloomy. When the wards were lit with naked gas-flames, there was an obvious *raison d'être* for this precaution, but electricity has abolished the chance of a fire, and surely none can object to these decorations on the ground of sepsis, who permit the use of large quantities of holly, ivy and laurel. However, although the sisters had to keep their stocks of flags (if they be still in existence) stowed away, the manner in which the finishing touches were put in did great credit to their ingenuity.

His Majesty the King and T.R.H. the Prince and Princess of Wales sent handsome presents, and other friends of the Hospital were, as usual, very good in sending gifts for the patients. We have especially to thank Mr. Alfred de Rothschild, Mr. H. A. Harben, Mrs. James Mellor, Mrs. Heygate, the Hon. Miss Mostyn, the Hon. Mrs. E. S. Talbot, Miss Dundas-Graham, Sir G. B. Bullough, Lady Critchett, Mrs. John Roskill, the Misses Charles, and the Editor of "Truth," amongst many others. Late Sister Bindloss sent a most acceptable gift of money to buy a present for every patient in Thistlethwayte, her old ward, and Sister Henshaw took great pains to ensure that everyone received just what she wanted.

We must make a special paragraph to thank Mr. and Mrs. Ernest Lane for the splendid toys they sent. The mechanical Italian trio playing away all day long on a rustic seat in Crawshay, were absolutely delightful, indeed, so great was their fascination, that rumour has it they excited the envious admiration of our Senior Surgeon.

We also wish to heartily thank all those ladies and gentlemen who gave up some part of Christmas and Boxing Days to entertaining the patients vocally and instrumentally, and to assure them that their services were much appreciated. The most energetic were, undoubtedly, J. B. Webb and his two brothers, who got up a very successful nigger trio at a few days' notice. We have never seen better made up niggers, and their quips and antics were accorded a hearty reception in the many wards they visited. We must also make special mention of Staples, who turned up and sang in fine form with all his old unalterable cheerfulness, which rivals that of Mark Tapley himself. Of the other singers Miss Morgan and Wood, perhaps, worked hardest, but we think all the performers gave their services in more than one ward.

Sister Albert had an excellent conjurer on Boxing Day, who attracted quite a large tea party to her ward; Thistlethwayte and Lewis Lloyd seemed specially lucky in entertainers on Christmas Day. The kiddies in De Hirsch were, for medical cases, uncommonly lively, and those who were not scampering about in new red coats were doing themselves remarkably well in bed. And we believe that elsewhere certain diabetics with indulgent H.P.'s fairly revelled in the welcome luxury of good stodgy British Carbo-Hydrate plum-pudding. But it didn't matter much, because none of the clerks were up to estimating sugar next day.

However, remembering the octave of revels of two years ago, we are bound to say with a sigh of regret, that Christmas at St. Mary's is not what it was. It may be all for the best, but human nature has an unfortunate longing after what it likes rather than what is good for it.

So it is with the more pleasure that we pass on to the theatricals; by general verdict, they, at any rate, were a distinct advance on any Christmas performance St. Mary's had before seen, and we heartily congratulate Dr. Bird on the success scored by his Company. The play produced was Pinero's "Dandy Dick," in which Clayton and Mrs. John Wood stormed the town over twenty years ago; and an excellently chosen piece it was, for the four female characters in it are all of such an "unsentimental" nature, as to make the fact of their being played by men no drawback to the success of the play. And very capital ladies did Stockwell, Langmead and Brimblecombe make; in fact, so glowing were the charms of the latter, and so graceful and willowy his figure, that the unfortunate individual who, as Major Tarver, was accepted by this stately lady, has not yet recovered from the shock of her evaporation into space and Messrs. Clarkson's wardrobes, leaving only the husk of a mere man thing to recall her vanished glories. The buxom charms of Stephens, as Noah Topping's wife, were also quite sufficient to justify her devoted husband's jealousy.

Bate had a hard part and played it very creditably and consistently, well deserving the reception he got at the final curtain. But much of his work was not so apparent, for it was his mechanical skill that largely contributed to the solidity of the scenery (he, for instance, rigged the "ceiling," which meant a day's very hard work, and worked out some ingenious electric lighting dodges), and also he was responsible for the creation of the noble minster seen through the Deanery windows. The other piece of landscape "backing" a most charmingly composed orchard scene, was the work of Nurse Beal, and added greatly to the total effect, as did the many finishing touches that her artistic brush gave to the set. The carpenters also did their share of the work capitally.

The great point about the cast which differentiated it from most other amateur shows we have seen was that whilst some members were quite good all were passable. We will not poach any further on the preserves of our specially engaged "Monsieur Walkley," by noticing the performers in detail, save to say that we heard the opinion many times expressed, both on the night and afterwards, that Carmalt-Jones' rendering of the small part of Hatcham, a groom, was the most complete and artistic thing in the whole performance. One more word is due in praise of Mr. Fowler's magnificent lightning; every flash elicited a round of applause, which quite drowned the feeble efforts of the real stage thunder, although the latter was quite professional, having been kindly lent by the Metropolitan Music Hall.

We have purposely omitted to publish the flash-light photograph of the members of the "Dandy Dick" Company, as however good such pictures may be, they always fall far short of the original effect, the eye of the camera being more critical of made-up features than is that of the audience; we accordingly do not want to circulate a portrait group that would not do justice to the sitters. However, we have no doubt that many who saw the play may like to have a pictorial souvenir of it, and Mr. Fowler will be pleased to supply a copy to anybody who applies to him for one.

We have received a copy of the St. Mary's Church Magazine from our energetic Chaplain, from which it is apparent that every effort is being made to make the regular and special services as well attended as possible. Bate will be greatly missed in the musical part of the services.

By-the-bye, we must not omit to congratulate him on the occasion of his leaving St. Mary's, as he took the Senior House-Surgeoncy at Brighton from a field of seventy competitors.

We commiserate with Sister Albert on having been warded with influenza again just after Christmas; it was especially bad luck that she could not see the play, as by her kind permission, most of the furniture of her room helped to adorn the Deanery in "Dandy Dick." We wish her a speedy convalescence, and a very pleasant holiday. Nurse Hyde is taking Sister's duty in Albert.

Nurse Godsall, who has recently acted as Sister in New Boynton, Nurse Costigan, acting Sister of Manvers, and Nurse Gibson, of Lilian Holland, have all recently left to take up private work, in which we wish them every success.

We have had news of several Mary's nurses in Africa. Sister Taylor is still at Bloemfontein, Sister Charleson at Krugersdorp, and Miss C. Nicholson is Matron of the Barberton Hospital, Transvaal. Sisters Josceylene and McAdam are at the Military Hospital, Queenstown.

Many of us who remember the late Sister Mosse of Out-patients were agreeably surprised to see her the other day escorting her husband, Captain Clifford, of the Uganda Rifles, round her former haunts. She was looking very fit after her sojourn in Africa, and we offer our hearty congratulations to the recently-married couple.

A very good thing has come out of our Obstetric Department, due largely, we believe to the energetic perseverance of the two O.O.'s. A series of papers have been printed on the management of infants in health and sickness, which are distributed in Number 8, and save an endless expenditure of breath and exhortations which on the fiftieth repetition can scarcely help losing their point. The leaflets include directions for feeding children in health, for the care of rickety children, and for making albumen water, barley water, fomentations, etc. Boynton Clerks, whilst "doing" No. 8, would do well to transfer the impress on these papers to their minds.

For the literal authenticity of the following we absolutely vouch. It is extracted from a letter (from which we copy it) sent by a former patient to a well-known porter on duty in the front. "There is a fancy-dress ball at C——— on the 21st, and I was thinking of going in the novel costume of an Egyptian mummy. Could you favour me by lending me or giving me some old Hospital bandages, to help wrap me in, and I should then be able to know what kind of stuff to buy to match it, and how wide to make the bandages. I suppose a mummy would go brown with age? * * * * I ought to make the bandages to be surgically correct. I suppose the body bandages would require to be wider than those of the arms and legs." The notion of this gentleman gravely swathing himself in these funereal habiliments for an evening's masquerade is only to be surpassed by the spectacle he would present in hopping through a waltz or grand chain with his legs securely bound together. We do so hope he carried out this brilliant idea.

And talking of masquerades reminds us of another true happening. After the late performance of "Dandy Dick," our Salome, in his beautiful Henry VIII. dame's costume, went off to a fancy-dress ball at a friend's house. He put on a bowler hat and male overcoat over his feminine finery, and the combination so puzzled his cabby that that worthy after a bit opened his trap-door and asked, in anxious tones, "Excuse me, miss, are you a gentleman?"

May we suggest that when a Hospital student again contributes to a public fund, raised largely to further the defamation of the medical profession and vilification of science, he should not have the name of the Hospital appended to his own in the subscription list. We have no wish to start an argument on vivisection, and we acknowledge that every man has a right to his own opinion, but many ignorant people might consider that such a subscription showed some sort of official sympathy on the part of the Hospital, instead of being an entirely private enterprise, for which we take leave to consider that a private address should have been employed.

Nell Gwynn was the virtual founder of the Greenwich Hospital, and it would appear that one of her modern successors has been following in her philanthropic footsteps. At any rate, a lady in Casualty informed us the other day that her husband had been a patient in the "Marie Lloyd" Ward.

Recent Appointments.

LECTURER ON PHYSICS.

R. H. Lehfeldt, D.Sc.Lond., B.A.Cantab.

Dr. Lehfeldt, who has been appointed to the recently created post of Lecturer in Physics, was a member of St. John's College, Cambridge, where he graduated in Arts. Since gaining his Doctorate of Science in Physics at London University, he has been made a Member of the Board of Physics in the faculty of Science and also an Examiner in Physics for Interval Students. He holds the post of Lecturer in Physics at the East London Technical College. He has a very complete practical knowledge of his subject, and has shown his grasp of the theoretical side by the numerous papers he has contributed to the proceedings of the Physical and Royal Societies.

DEMONSTRATOR OF PHYSIOLOGY.

Bertram J. Collingwood, M.B., B.C.Cantab.

Mr. Collingwood, who has recently been appointed to the above post, has been engaged in research at the London University's Physiological Laboratory for the last eighteen months, and has brought forward communications before the London Medical Society, on the Etiology of Pulmonary Emphysema, and before the Physiological Society on the densimetric method of analysing mixtures of gases. He had previously acted as Dr. Dodgson's assistant in South Africa in his work on the incidence of Typhoid amongst the inoculated, during which time he introduced a modified technique for the performance of the Widal reaction.

The Sub-Editor to his Chief.

A CASUAL LAY.

You bade me, Mr. Editor, before you left the purlieus
Of Praed Street and of Paddington to seek your native shore,
Where the music of the waters and the crying of the curlews
Strike sweet the ear attuned to Town's reverberating roar.
(Which I think is rather pretty,
For I've searched this mighty city,
And asked the wise and witty, from the Dean to Doctor Bird.
To find me rhymes for "Purlieu,"
But be you man or girl, you
Cannot write me one save "Curlew," for there's not another word).

You bade me, I was saying, when my fancy went a-straying,
To produce a rhymed effusion to adorn an empty page
In our January number, so my muse I've waked from slumber,
But I grieve to say the lady's in the dickens of a rage.
Now it's really aggravating,
When, poetically prating,
You are anxiously awaiting the attentions of the muse,
She declares with indignation,
That in spite of supplication,
The requested inspiration she will certainly refuse.

But I think I know the reason of my muse's trying treason,
And the seed from which her ladyship's dissatisfaction grew,
Since I'm now the proud possessor of the office of Indresser,
And have changed my sphere of action to the room called Number Two.
Now a muse of finer feeling,
Who was bred and born at Ealing,
Her servant's double-dealing will inevitably rue,
When he tells the nervous lady
She must leave her suburb shady,
For he's very much afraid he must inhabit Number Two.

When you think the nymph is going just to start your stylo. flowing
With a sugared sonnet, maybe, on your sweet Salome's grace,
You are interrupted roughly by a voice remarking gruffly,
"'Ere, cheese it with them tongs a bit, it ain't *your* bloomin face."
When the muse so long has dallied
'Ere whispering you a ballad
To the arching eyebrow Sal had, it's a positive disgrace
That the words called into action
By a simple tooth extraction,
Should drive her in distraction forth to seek another place.

And when you've pacified her by sitting down beside her,
And stroking of her pretty hand, you hear from Number Four
A voice of Galway stating " Here's a poor old woman waiting,
And she'd had a cup of Bovril from my little private store."
It's a not unpleasant duty
To appease an angry beauty,
But you'll find the game won't suit ye when it's played in Number Two,
Where there's not a nook or cranny
That will shield you from the canny
Exhortations of your Granny that there's other work to do.

Then perhaps you have been trying a natal ode, and sighing
To sing the coming wonder of the Pharmacopic* birth,
And when your frenzy's rising a probation person flies in
And tells you, with a sickly smile of misdirected mirth,
That she has a sort of notion
Sister hasn't any lotion,
And please make up this potion and a dozen powders more,
And she doesn't want to worry,
But will you *kindly* hurry,
And she's really very sorry she forgot to come before !

Next another one beseeches you to go and fish for leeches, you
Are getting rather weary, but again down stairs you sprint,
And returning to your station you observe a fomentation,
Which an energetic dresser has applied *outside* the splint !
Now a saint or a confessor,
Would use language when a dresser,
(An unmitigated messer, who would break a heart of flint,
And occasion consternation
In the very Roman nation)
Applies a fomentation *external* to the splint.†

Then a case at midnight ending, you think about ascending,
And climb the stony staircase with your feet like lumps of lead,
To the room which, as is fitting, you employ for bed-and-sitting,
(When your work is intermitting). and you tumble into bed.
There's a carpet and an inkpot
In the room, that you may shrink not
From sitting there, and think not that it's merely meant for bed.
For you cannot help admitting
That a room with such a fitting
Should be used for bed-*and*-sitting, as the powers that be have said.

And no sooner are you snoring than the energetic roaring
Of an alcoholic gentleman is heard from down below,
And you feel a porter waking you by furiously shaking you,
And things are pretty lively for another hour or so.
Oh ! it's very very pleasing,
When it's 2 a.m. and freezing,
And you find a porter teasing you to hurry down below,
To attend a drunken liar
Of vocabulary dire
So you send for Black Maria and prepare for coming woe.

From the peep of day on Monday until dead of night on Sunday,
Week in, week out, this sort of thing my muse's nerves unstrings,
So perhaps, Sir, you won't wonder that the lady's knuckled under,
And run away to try and find a happier state of things.
And I beg of you to pardon
The rhymes I have so far done,
Though they're quite enough to harden e'en an Editorial heart,
And I'll end my song by praying
If you want to do some slaying
You'll vent your blues upon my muse and not upon her Bart.

J. B. R.

* Poetic Licence !

† This is neither fable nor personal experience, but ancient history. It is introduced merely for the sake of completeness.

The Christmas Festival, 1903.

In the Wards.

The first sign was the arrival of a flock of pianos in the hall, and their distribution to the different wards. In the space of a very few hours on Christmas eve the wards were hung with their annual burden of evergreens by the help of the willing labour of clerks, dressers, and unattached men, and during the witching hours of night, the nursing staff (who had already performed prodigies of decorative valour, balancing on the dizzy heights of step ladders, and what not) put those finishing touches of colour which the feminine hand can alone bestow to full advantage. We must confess that on going round the next day we were disappointed that not more colour had been allowed, all display of flags and bunting being prohibited ; and had it not been for the ingenuity displayed in conjuring coloured spheres ("snowballs," we believe they are technically called) out of a chaos of crinkled paper, the decorative effect would have been gloomy, for unrelieved evergreens are not enlivening. However, each ward had a central oasis of beautiful flowers, and the tea tables were as resplendent as ever. Our reporter absolutely refuses to commit himself as to the relative merits of the various wards, though he regrets to say that the appearance of the reportorial notebook was more than once the signal for the

exhibition of temptations to him (ranging from a cracker to a sixpence) to deviate from the strict paths of justice. He accordingly defends himself by acting only as historian and in no whit as arbitrator.

Allcroft displayed a large "Merry Christmas" motto, framed in holly, across the central gangway, and like Foresters was simply but tastefully decorated, as was also Lewis Loyd, a ward whose natural advantages of size and brightness added greatly to the finished result. De Hirsch was pretty with red and white canopies over the cots, and a flight of robins alighted on the green covered cupboard roofs. Alexandra was a creation in green, white and yellow, and here the "snowballs" reached their full perfection, and grew in great profusion, whilst half-a-dozen magnificent pots of marguerites, swathed in yellow lamp-shades (we crave indulgence for technical errors) finished off a very pretty scheme of decoration. Princes had a great profusion of holly, ivy, and laurels, relieved with red pom-poms. The cedar of Lebanon in the middle of the table was an old inhabitant. In both these wards large lumps of evergreen were (like radium) disobeying all known physical laws and clinging to the walls at high altitudes with no visible means of support. We believe that a perspiring H.P. and a very long pole took several hours to supply the kinetic energy that gave them their position, and that many unwary visitors who entered during this affixation process suffered severely from a determination of a large foreign body to the head from above. However, all's well that ends well, and they (the f.b.'s) behaved properly for Christmas.

Albert was uncommonly bright and cheery with new washed walls, plenty of green festoons, and two large ropes of holly trailed right across the ward; installed in state on the piano was a magnificent bird in a cage, which, we believe, charmed all with his dulcet note, but maintained a discreet silence in the presence of our reporter. On the whole we are inclined to think that Cambridge was the most effectually disguised ward in the hospital; it had a new coat of paint. On going over the way to Victoria we thought we had mistaken our identity, and must really have turned into Alice in Wonderland. Entwined in the evergreens were gorgeous paper flowers, but what quite entrapped our attention were two large mauve butterflies with silver bodies poised quivering on yellow pots. The bed canopies in use were delicately wreathed, and on the resplendent tea-table, besides the crackers, smilax, flowers, and loads of good things, which other wards also possessed, was *mirabile dictu*, a pink willow pattern service.

Thistlethwayte was done in green and yellow, with festoons all round the walls, and green trailers up the pulleys, and a very gorgeous tea-table, Grafton was bright and pretty with a graceful palm growing crackers, and in Crawshay we could look at nothing but a perfectly delightful mechanical toy, the gift of Mrs. Lane, representing three Italian boys playing soft music on guitar, concertina, and zither, who bowed, rolled their eyes, winked, and fingered their instruments to the life. In Lilian Holland a very effective scheme was carried out, the green garlands being slung between the bed pulley-ropes instead of on the walls; they were flecked with red poppies, and the ventilating shafts, as in most wards, each grew a Christmas bush. For the comfort of those who were travelling in the region of Africa, we can vouch that THE IRRIGATOR remained in icy isolation, holly free. New Boynton had an almost unfair advantage in the possession of its many red and white curtains that replaced the hangings missed in other wards, but so greatly brightened was the effect by the decorators that we are convinced they could make a room of four bare walls beautiful. Red and white streamers seemed to contribute largely to the general effect, and a large "Bright New Year" motto adorned the window end. But we *should* like to have seen the gold harp on the green field displayed somewhere. The small eye wards and Isolation had not forgotten to decorate, and the latter had its piano and smart tea-table. Each patient in the Hospital had a present of clothing or a toy from various benefactors, and, as usual, those patients (men) whose condition allowed them to smoke, puffed away in the wards during Christmas and Boxing Days.

The Chapel was very prettily decorated, and at the morning service three carols were sung by the nurses' choir in place of a sermon.

ON THE STAIRS.

THE LIFT WAS WORKING!

Bright arc-lights in lamps of dazzling gold were slung about the hall and corridors to shed radiance on this extraordinary spectacle.

THE ENTERTAINMENTS.

Since the limitation of the ward entertainments to four hours on Christmas and Boxing Days, the custom of getting up regular concerts has fallen into abeyance, and we fancy that there were fewer performers about this year than we have seen before; but so hard did they work that no ward had short commons of musical fare, each artist (or artiste) moving on from one ward to another with an energy that must have been derived from the amount of fascinating carbohydrates they were expected to consume at each tea-table (and the tea-tables were quite up to the usual standard, groaning under piles of crackers, and a profusion of artistic food-stuff that would have wrung admiration even from a Pocock).

With regard to the entertainments we have little hesitation in awarding the palm to the nigger troupe of the Brothers Webb. At any rate, the patients enjoyed their fooleries most hugely, and so did the more "classical" part of their audience. When we say that in six hours they gave a "turn" of nearly thirty minutes in nine or ten wards, which involved the expenditure of a good deal of lung power, it will be seen that our best thanks to them were well deserved, as they also are by Miss Ash and Miss Lomax, who accompanied them on the two days with much success. Amongst those others of the performers known to us we heard the following conspicuously exerting themselves; first Staples whose voice has lost none of its old charm, and who sang himself hoarse, like the good sportsman he is, then Wood, who was absolutely invaluable, his repertoire

of comic songs, which he sings with great facility, appearing inexhaustible ; he must have visited nearly every ward. Miss Morgan, a former patient in Alexandra, sang most sweetly, charming us all with some old English ballads. Powell was in good form with his musical parodies, Frazer and Brimblecombe were warbling to the guitar and banjo, and a gentleman brought by Young gave an excellent ventriloquial show in various wards. Bate, Dixon, Francis, and Alleyne were especially energetic amongst many other entertainers. We did not hear so many songs by nurses as previously, but Sister Banks amongst others were in excellent voice. There were of course many other ladies and men assisting in various wards, and we think that in no part of the hospital was the piano silent during the licensed hours of revel. Sister Albert had quite a reception on Boxing Day, when she had in her ward a really excellent conjurer and thought reader, whose magic was simply diabolical, so clever was he at producing animals from nowhere that we quite trembled lest *the* canary should suddenly be found in the middle of a mince pie. The patients really appreciated him greatly, and in this instance we specially noticed the light improvement, as the electric lamps made him visible all down the ward, whereas with the old gas pressure one would scarcely have seen him at ten feet's distance. No choruses were allowed to any songs, and this rule was most religiously observed, in spite of the temptation of some very catchy airs. The last strain of music (save "God Save the King") that we heard at 8 p.m. on Boxing Night proceeded from a "Bronchitis and Heart Daddy," in Albert voicing forth a lugubrious ditty with as much gusto and lung-power as a Jack Martin. Such is the effect of a Merry Christmas !

Sunday was a very quiet day compared to the two last, and if any pulses and temperatures had gone up they had a chance to tumble down again. In the evening a choir of nurses sang carols in the wards. Monday was a day of preparation, the pianos left the wards, many people were helping to decorate a noble Christmas tree that touched the board room ceiling, and in Out-Patients' the hammer of the carpenter and the language of the scene-painter was heard in the land, and a dress rehearsal of the play finished the day. On the 29th the chief event was

THE BOARD-ROOM ENTERTAINMENT,

which took place at 4.30. Unfortunately owing to a recent infectious case, the Crawshay children had to be kept upstairs, but a liberal supply of toys reached them. The others were as usual ranged on a bank of mattresses in front, whilst many visitors and students and nurses occupied the back of the room, a corner of which had been carefully roped off for some reason unknown. The proceedings opened with the "Royal" Punch and Judy Show, which was much enjoyed by the youngsters, but which would have been greatly improved by some adequate lighting arrangement, the puppets being in comparative darkness. When this was over there entered from the office Father Christmas, who for a saint had a decided resemblance to Old Nick, attended by a nigger boy with a saltatory forelock, whose twinkling mouth and cheerful laugh proclaimed him Crozier, and a middle-aged female with a ward polisher whose identity was a complete mystery till she opened her mouth and her sweet tones at once suggested the Resident Obstet. Father Xmas addressed his young audience in rhymed couplets, and then commanded the tree to blossom, whereat a host of coloured electric lights lit up the toys with which it was loaded. His further remarks were interrupted by Stockwell—we mean the mysterious lady—who, with the nigger boy, proceeded to tell the audience who she was in a duet the air of which recalled that classic melody "I ain't agoin' to tell." So far as our reporter could catch the words, they ran thus :

The Lady.
My name you know is Mother Goose, I'm famed both near and far,
But little boys and girls insist on calling me mamma.
I keep my flock in order, or at least I always try,
And when I pluck my little geese why then the feathers fly.

Chorus.
The geese are always shy,
Whenever I am by,
They know that when I pluck my geese
Why then the feathers fly.

The Nigger.
My name am Massa Jumbo, and from Kaffir Land I come,
My massa gib me long white coat, but I left him at home ;
And so I'm dressed all in my best to give each gal and boy
The toy from off our Christmas Tree that he will most enjoy.

Chorus.
Yes, ebery gal and boy
Shall hab de bery toy,
From off our lubly Christmas Tree,
Dat he will most enjoy.

The Lady.
I used to ride on broomsticks in the ages long ago,
But found them not so useful as this polisher, and so
I use it for a trusty steed when I go out of doors,
And when I stop at home why then I polish up the floors.

Chorus.
I polish up the floors,
For dressers in their scores,
Their lotions will by gallons spill,
When I go out of doors.

The Nigger.
Quite so, quite so, dear Mudder Goose, dey gib you many jobs,
But always on de floor upstairs we lub to see our Blobs,
And if you scold de dresser boys, then you will quickly larn,
Dat howsomever you go on, dey'll only answer "Garn."

Chorus.
Yes, you will quickly larn,
Howeber cross and starn
You look, to all you hab to say
Dey'll only answer "Garn."

The concluding verse of this elegant lyric was an exhortation by Father Christmas to his followers to slip up the ladders and distribute the toys, which they were not long in doing, and the rippling laughter of

the Kaffir was soon drowned by the delighted cries of the young audience.

Tea was served to the visitors, and this welcome function was still in progress when the GAZETTE man was hit violently on the head by a flying gilded ball, and fled lest worse evil should befal him.

The final event of the Christmas round was

The Residents' Dramatic Entertainment.

(BY OUR SPECIAL REPORTER.)

On Thursday and Friday, Dec. 31st and Jan. 1st' the Resident Medical Officers gave their annual Dramatic Entertainment to the nurses, patients, and friends.

There were several departures from the precedents of the past performances, all of which proved eminently successful.

As a rule, two short farces have been given with an interval of song. But this time Avian ambition attempted more, and "Dandy Dick," one of Pinero's best farces, was put before us.

We may say that at the outset we were beset with fears as to the wisdom of this change, but any doubts were soon set at rest, and the result, satisfactory in every way, more than justified the innovation.

The Piece "went" extremely well.. The stage setting, the effort of unabated energy in the scene-painting direction, was much prettier and more artistic than we are accustomed to find on an amateur stage. The lighting effects were also very well carried out, and roused the audience to enthusiasm.

The play was thus cast :—

The Very Rev. Augustin Jedd, D.D., Mr. Geoffrey Bate (Dean of St. Marvells.)
Sir Tristram Mardon, Bart. ... Mr. Remington Hobbs
Major Tarver ..... Mr. J. B. Rous
Mr. Darbey ..... Mr. G. R. Crozier
(—th Hussars, quartered at Durnstone, near St. Marvells.)
Blore ..... Mr. F. D. Nicholson (Butler at the Deanery.)
Noah Topping ..... Mr. R. S. Drew (Constable at St. Marvells.)
Hatcham..... Mr. D. W. Carmalt-Jones (Sir Tristram's Groom.)
Georgiana Tidman ..... Mr. G. E. St. Clair Stockwell (A Widow, the Dean's Sister.)
Salome } The Dean's Daughters } Mr. S. L. Brimblecombe
Sheba } Mr. F. S. Langmead
Hannah Topping..... ..Mr. J. B. Stephens (Formerly in service at the Deanery.)

Act I.—At the Deanery, St. Marvells. (Morning.)
Act II.—The same place. (Evening.)
Act III.—"The Strong Box." St. Marvells. (The next day.)
Act IV.—The Deanery again.

Director of the Music Mr. A. G. Bate
Scenic Artists... .....Mr. J. B. Rous & Nurse E. M. Beal
Acting Manager .....Dr. M. Mitchell Bird
Stage Manager.....Mr. Frederick Clay
Stage Mechanician ...Mr. Geoffrey Bate.

The Plot was briefly as follows :—

The Dean of St. Marvells (Mr. Bate), to whom in times past a racecourse was not unknown, needs £1,000 for the repair of his spire. The Dean has two daughters (Messrs. Langmead and Brimblecombe), and he also possesses a widowed sister of sporting tendencies, Mrs. Georgiana Tidman (Mr. Stockwell), who is in partnership with Sir Tristram Mardon (Mr. Remington Hobbs), an old friend of the Dean at Oxford. Mrs. Tidman runs her horses under the name of George Tidd.

The first act opens in the deanery of St. Marvells, where the two daughters, Salome and Sheba, "cramped in the clasped embrace of unaccustomed stays," are discussing the difficulty of raising £40 to pay for ball dresses in which they mean to go to a fancy-dress dance at Durnstone. Two officers, Mr. Darby and Major Tarver (Mr. Crozier and Mr. Rous), arrive, and arrange a secret meeting at the dance, which takes place that night. The Dean enters and invites them to dinner.

The next to arrive is the sister of the Dean, who thinks she has given up the Turf and has written to offer her a home after her late bankruptcy. She turns out to be, however, a very fast lady, full of sporting slang, which greatly shocks the reformed Dean. Shortly after Sir Tristram Mardon, an old College friend of the Dean's, calls to say he is staying in St. Marvells for the races, and he is invited by Mrs. Tidman to take up his abode (pipe and all) in the deanery nursery.

In the second act, after dinner, the Dean learns, to his horror, that the offer of £1,000 towards the repairs of his spire, provided seven others promise the same, has been accepted, and as his total available capital is £500, he is correspondingly depressed. At this moment news is brought by Hatcham, the groom (Mr. Carmalt-Jones), of a fire at the Swan Inn, where "Dandy Dick," the last horse and resource of Mrs. Tidman after her "smash," has been stabled.

Dandy Dick is to run in the Durnstone handicap the next day, and is fortunately rescued with no further damage than a singed tail and a chill caused by two buckets of water thrown over him by misdirected energy.

He also, at Mrs. Tidman's wish, is to be entertained at the deanery, and is safely lodged in the Dean's stables, the worthy cleric much protesting.

The Dean, with the £1,000 hanging heavily over him, is tempted to put £50 on Dandy Dick at 10—1, and takes Blore, his butler (Mr. Nicholson), into his confidence, and entrusts him with the money. Thinking that the animal may be suffering from his chill he compounds a bolus to ward this off. Blore, who assists in the concoction of the bolus, having put all his money on "Bonny Betsy," surreptitiously adds strychnine gr. xvi. to the otherwise harmless mess.

The Dean sets out for the stable and is caught red-handed (we might say white) by the groom and policeman, who are watching through the night.

The end of the act shows the return of the two daughters and their officers in their fancy dresses, the ball having been postponed owing to the fire, and an

extremely funny piece of dialogue marks the conclusion.

The third act opens in the village lock-up, and a very amusing scene takes place between the Dean and his former cook, Hannah, the wife of Noah Topping, the village constable (Mr. Stephens and Mr. Drew), in which she is caught by her husband feeding the Dean on Noah's favourite dish, fresh from the oven, after letting him out of the cell with a duplicate key.

Hannah endeavours to find a way of escape for her late master, but is circumvented by the stolid but cunning rural Robert, and the end of the first scene shows the handcuffed Dean on his way to the Durnstone police station, where he will be consigned to the tender mercies of chapel-going inspectors.

The last act, again laid in the Deanery, commences with the engagement of the two officers to Salome and Sheba, in spite of the comment and distress excited by the fact that "Papa has been out all night." At this moment Papa is brought on, covered with straw and confusion, by Hatcham and Sir Tristram, who have rescued him by force from the rural Robert.

The bolus has been sent to the local chemist for analysis, and turns out to contain the strychnine introduced by Blore.

Thereupon follow certain revelations and recriminations, amongst which it is discovered that Blore has put the Dean's money on Bonny Betsy, thinking that Dandy Dick would be "hors de combat." To retain his tongue from babbling in a state of alcohol the Dean pardons him, and retains him in his service.

Sir Tristram and Mrs. Tidman agree to run together in another sort of partnership, and the play ends.

Although not lending itself so well to local hits as shorter farces, nevertheless we recognised several topical allusions neatly introduced.

The piece ran smoothly and well, and the only part which dragged at all was the commencement of the second act; this, however, was soon remedied.

With regard to the performers it is difficult, nay, impossible to criticize. What struck us most was the uniformity of the acting; there was no weak spot, the smaller characters being extremely well sustained—noticeably that of Hatcham by Mr. Carmalt-Jones.

The enunciation was clear, and all the performers were heard distinctly at the end of the big hall.

The difficult female parts were very well carried out, and we understand that Mr. Brimblecombe's final exit was a great part of the entertainment.

Outside criticism is naturally more impartial and unreserved than that of an acquaintance, and we have heard many expressions of extreme pleasure and satisfaction in the acting, from people to whom the performers were quite unknown—no mean tribute. We may accordingly congratulate the performers, stage managers, and coaches, upon an unblemished success.

THE MUSIC.

On the second night music was provided under the auspices of Mr. Powell and Mr. Bate,—Miss Cox, Miss Dorothy Langdon, Miss Juler, Mr. Evan Staples, and Mr. Alban Dixon, ably assisting. It was with very great pleasure that we saw Staples on the platform again.

Most worthy of special mention are the Topical Duets rendered by Messrs. Powell and Dixon, the former being the composer with Mr. Stephen Field as librettist. As was the case last year, these "home-made" songs were much appreciated, and gained deserved applause.

As in former years the "Leoni Ladies' Quintet" supplied selections, and ushered us out with an all too early "Auld Lang Syne."

Our dream of a little string orchestra of our own remains a dream—the prospective conductor being otherwise occupied—but we commend the idea to future generations of St. Mary's musicians.

On the previous evening much the same musical programme was given with an added item, a Cornet Solo by Osborne, that gained a hearty encore.

We append the words of the Topical Duet sung by Powell and Dixon.

Both. In us you see two mighty swells,
A surgeon and physician,
And each of us the rest excels,
And holds them in derision.
We treat our colleagues all with scorn,
And at them hurl defiance,
For such a crack may always back
His own ideas in science.

Physician. My name and fame for ever live
In Europe and in Asia,
My serum here's a preventive
For osteomalacia!

Surgeon. —malacia?

Physician. —malacia! For osteomalacia.

Surgeon. My operations always fill
With awe the folks who've seen 'em;
I lately, with my usual skill,
Excised a duodenum.

Physician. —odenum?

Surgeon. —odenum! Excised a duodenum.

CHORUS Physician / A Surgeon } Am I,
A Surgeon / Physician } Is he.
And though we may try,
Yet we never agree.
We differ in di—agnosis you see.
For Physician / A Surgeon } Am I.
A Surgeon / Physician } Is he.

Surgeon. That case of yours the other day
Was very interesting,
I called to see it on my way,
As you had been suggesting:
I found the patient feverish
And much inclined to shiver—
Abdomen dull—

Physician. As your thick skull,
It must have been his liver.
The case was simple as could be,
You dunderheaded dreamer,
However could you fail to see
That 'twas an empyema.

Surgeon. —pyema?

Physician. —pyema. 'Twas just an empyema.

Surgeon. You are entirely off the track,
My view—and my view's right—is,
That he had got a bad attack
'F acute appendicitis.
Physician. —dicitis?
Surgeon. —dicitis. Acute appendicitis.
Both. CHORUS.

Physician. This letter which I've just received
Clears up the diagnosis.
You'll see that he agrees with me
That 'twas tuberculosis.
It comes from the pathologist—
The man who always (W)right is—(*opens letter*)
Surgeon. I'll bet a sovereign that he says
That 'twas appendicitis.
Physician. The man's a giddy humorist
Or else he wants to shock us.
He says that 'twas a liver cyst—
—That brute echinococcus!
Surgeon. —ococcus?
Physician. —ococcus! That cute echinococcus.
Surgeon. If that is so it seems to me
That we have both been wrong, Sir.
And 'twould be better to agree
At once to end this song, Sir!
Physician. This song, Sir?
Surgeon. This song, Sir. We'd better end this song, Sir.
Both. CHORUS.

S. F.

St. Molly's; or Showing Him Round.

They certainly were a curious couple. They were standing outside the main entrance of St. Molly's Hospital. "What's that for?" asked the younger of the two who wore spectacles and a mild, inoffensive look, pointing to a large board fixed up by the side of the door. His companion did not appear to notice the question—he was a pale but pimply youth with a very high collar, and his look was neither mild nor inoffensive. At the present moment he was engaged in the pleasing occupation of biting his nails. His companion touched him gently on the shoulder. "Mr. Noggins, please," he said, "what is that board for?" "That" said Mr. Noggins, suddenly, "oh, that is only the Directions for Use—nothing much to see about that." "But what is it for, please?" queried the Ingenuous One, "do people read it?"—"Read it!" said Mr. Noggins, scornfully, "read it! of course not, why should they; when they want to know anything, they ask.—See?" "Oh," said the I.O., who did not appear to see at all, and would apparently have stopped to consider the matter for some moments longer, had not his companion seized him by the arm and abruptly dragged him through the high glass doors facing them. "Well, here we are," said Mr. Noggins heartily, "I'll show you round. What would you like to see first?" "What is that, please?" asked the I.O., pointing to a small glass enclosure to the left. "This," said Mr. Noggins, with a wave of his hand, "is the lodge." "Oh, the lodge," echoed his friend, who had thought it might possibly be a greenhouse, "and why is it all made of glass?" "So you can see through it, of course cuckoo." "Who is that man?" continued the I.O., unabashed, pointing to a bored-looking individual in a peaked cap, who was shouting into a telephone. "That's the porter," replied Mr. Noggins; "and what does he do?" "Ports of course," said Mr. Noggins. "Is he porting now, please?" Mr. Noggins was about to reply sharply, but just at that moment a gentleman in a top hat and overcoat hurried in, walked up to a desk on his right, and tilting his hat on the back of his head, dipped a pen into the ink and began to write. The I.O. was interested. "Who is that?" he asked. "S Sh.! not so loud," said Mr. Noggins, "don't you know? that's—," and leaning over, he whispered in his friend's ear. "Blinkinson?" said the I.O. "No, Inkinson." "What is he doing there?" "You shall see in a minute. Wait till he has gone." The top-hatted gentleman laid down his pen, blotted what he had written with the utmost care, blew out his cheeks, and finally walked majestically up the stone steps in front of him. "What does all this mean?" inquired the I.O., gazing through his spectacles at the volumes on the desk before him, which were covered with strange characters, apparently quite recently written in ink. "Aha," said Mr. Noggins, shaking his head knowingly, "You'd like to know, wouldn't you now? But no one does, that's just the point. Every one writes something down here as he comes in, but no one knows what it is except himself; come and see if there is a letter for me," he added hastily, turning to a rack which hung near. He glanced over the addresses, and then turned with an amused smile to his friend, who was laboriously conning over the names on the various letters—"Newman, Numbe, Nuggins, no I can't see one for you, I am afraid there isn't one," he said at last. Mr. Noggins regarded him compassionately. "Did you really think you'd find one while I was here?" He asked, "My dear sir, it's unheard of. No letter shows itself while the person to whom it is addressed is near. They all become invisible till he has gone away—it's impossible to find them." "Then how *do you* ever get your letters?" queried the amazed I.O. "Very simple," said Mr. Noggins, "you keep as far away from the rack as possible and wait for other people to bring them to you, and—" at this moment a languid young man with hair parted in the middle, sauntered up—"letter for you, Noggins," he said. "Thanks," said Noggins, pocketing the missive. "There you are, you see," he said, turning triumphantly to the I.O., "got him all right!" "Yes," said the I.O., who, however, did *not* appear to know where he was, indeed he seemed rather confused. "Then shall we—oughtn't we to take this telegram and give it to Mr.—Mr. Whatshisname?" "That!" said Mr. Noggins, contemptuously, tapping a dusty yellow envelope, on which the address was still dimly visible, with the end of his walking stick, "why, that's been there since last May, and it's now December, come along, we've seen enough here," and he led his friend up the steps. "Now what shall I show you next, an H.P.?" "An H.P.," said the I.O., his eyes brightening.

in pleasurable anticipation, "an H.P., what is that?" "Oh, they're quite easy," said Mr. Noggins, "you can't mistake them; they wear pumps and stethoscopes, they are all called James, and they have washing, you can see it on their beds when you go into their rooms." "Washing?" echoed the I.O., "what is that, please?" "Oh, that's very simple, too," said Mr. Noggins, "you send away six new collars, and in a week's time you get four frayed ones back. That's what washing is. Come along, I'll shew you an H.P., there's sure to be one about." Mr. Noggins hurried his friend up a dark stone-flagged passage, at the far end of which the I.O. perceived a small white-coated figure cowering in a corner, almost hidden from sight by that of a tall man, who had his back towards them; he was shaking the other violently by the coat-collar, and as they approached, a few words came to the I.O.'s ear. "Notes!" shouted the tall man, brandishing a roll of papers which he held in his disengaged hand, in the little man's frightened face, "D'you call these Notes? Well, I don't, sir, and I won't take 'em. D'you hear? Write 'em out again;" "Ah," sighed Mr. Noggins, his hand on the door-knob, "Dressers in trouble again, I'm afraid. This is the H.P.'s room," he added, as he turned the handle. For a moment the I.O. could distinguish nothing in the dense cloud of tobacco smoke which filled the room, but presently he made out a youth, very much like the others he had seen, stretched out in an extremely comfortably-looking arm-chair, with his feet on the mantlepiece, in front of a roaring fire. He did not appear to notice their entrance, but merely shifting his pipe from the left side of his mouth to the right, continued to read the pink paper in which he had been absorbed when they opened the door. "That," said Mr. Noggins, pointing at the recumbent figure, "is an H.P." "Indeed," said the I.O., gazing at him through his spectacles, "is he always like that?" "Always," replied Mr. Noggins. "Now come along, time's getting on," and they withdrew, closing the door softly behind them. On their way back, *She* came tripping along the passage towards them. She wore a dainty white cap and apron, and passed close by the I.O. He started, and blushed violently. "Who is that, please?" he inquired eagerly. "That," said Mr. Noggins, "Oh, that's —" and he again whispered into his friend's ear. "But why did she look at me like that?" "Oh, that's nothing," replied Mr. Noggins, "she always does that." The I.O. looked a little mystified, but by this time they had arrived at the Main Hall again, and perceiving what he took to be a large iron cage he walked up to have a look at it. On the outside of the cage hung a placard, which bore the legend in large letters, "LIFT CLOSED FOR REPAIRS!" "Now you'd never guess what that is," said Mr. Noggins confidentially, "I'll tell you, it's an elevator. Wonderful invention. Triumph of engineering, my dear sir." "But what is it used for, please?" asked the I.O., whose curiosity seemed to be insatiable. "That's just it," replied Mr. Noggins, "that's where you make the mistake. It never *is* used; at least never when you want it. I once happened to catch it when it was in working order, but that was a long time ago, sir—a very long time ago. It's a good way down, sir," he added, seeing the I.O. trying to peer through the bars into the abyss, "if you were to look over there and happened to lose your balance, and fall down that shaft, you'd be smashed to a pulp, sir,—into—a—pulp," said Mr. Noggins, pleasantly, emphasizing each word with a nod. "Would you care to have a look?" He continued, pushing back the iron gate, "no, really I'd rather not, thank you," said the I.O., who did not appear to relish the idea of being smashed to a pulp, "you won't? Then," continued Mr. Noggins, glancing at the clock, and clapping the I.O. genially on the back, "I'll tell you what we'll do, —we'll go in and see Casualty; if you're agreeable, that is to say.

"Casualty? What is that, please?" again asked the I.O. "Well, you'd better come and see for yourself," replied Mr. Noggins. "Come on," and in a very short space of time the I.O. found himself back in the corridor. All went well till our two friends arrived at a door near the main entrance. "Come in," said his guide. The I.O., though a little doubtful, seemed anxious to see the inside of the room and followed Mr. Noggins without hesitation. The room was very small. "And muvver says please c'n I 'ave the toof," a small boy in a large pea jacket was saying, as they entered, holding out a grubby hand to a short, clean-shaven young man, who from his quick manner and air of authority appeared to be overlooking the proceedings of the other young gentlemen—some in white coats. The young man, who had been engaged in a heated argument with a gentleman in grimy corduroys seated in a chair in the middle of the room, looked at the boy, sighed, picked something out of a basin behind him, and wrapping it in a piece of lint, placed it in the small outstretched palm of the boy. "Go and give your name and address to that doctor over there," he said, pointing to the young man at the desk. "Hullo, Noggs," he added, looking up. "Like to take this on for a bit? I want to get off." "'Fraid I can't," replied Mr. Noggins, shaking his head. "I'm taking this feller round the Hospital, y'know. Otherwise I should be delighted, I'm sure." The I.O., fortunately, did not hear this remark; being much interested in the efforts of one of the dressers to bandage up the head of the gentleman in the chair, who looked as though he had suffered for the greater part of his life from a constitutional objection to the use of soap and water. "Well," said the young man, turning to him again, "it's your own look out. It's not *my* head. And soft soap is cheap enough." "My 'ed," said the dirty-faced man obstinately, "my 'ed's one thing, sawft soap's another." In the pause which followed this unanswerable argument a young gentleman in a greasy frock-coat and dirty india-rubber collar, who was having his thumb (also dirty) scrubbed over a basin in the corner, was heard to applause slightly. "Well, I shouldn't think they had much affinity, certainly," replied the clean-shaven one, drily. "Anyhow, you'd better clear out now, d'you see? We don't want you here any longer." The dirty man rose slowly from his chair, and walked with dignity to the door. "Yus," he said, turning round and surveying the assembled company with a lofty contempt, "*you're* a

nice lot, *you* are. Call yourselves doctors, I s'pose?" he added, glaring defiantly at the I.O., who looked appealingly at Mr. Noggins. "Doctors! huh!" Here the gentleman in the frock-coat again applauded. Whereupon the dirty-faced man, with a final snort expressive of extreme disgust, backed out of the door, slamming it violently as he went. "I always makes it a rule," observed the frock-coated man, when a few minutes later his hand was being bound up, "to 'ave a bawf once a munf, whether I wants it or not." "Really?" said the dresser, dexterously nipping off the tail of the bandage with his scissors, "you don't say so. Morramorninineo'clockFrancisstreet." * * * "What did he say?" inquired the I.O., as they stood outside in the passage a minute afterwards. "Oh, that's just a formula we use here with cases that want attending to a second time," replied Mr. Noggins, "How interesting everything is!" said the I.O., enthusiastically. "Glad you think so," replied Mr. Noggins. "Jove, it's nearly four o'clock, what a time we have been in there."

"Had enough, eh?" "Thank you," replied the I.O. "It's all been very, very interesting; and I'm sure you've been most kind." "Not at all," replied Mr. Noggins, graciously. "Now look here. If you'll come across to the—er F.A., I think," here Mr. Noggins winked at the I.O., "I rather think, that we shall be able to er—obtain some liquid refreshment. What'll you take?" "Thank you," replied the I.O., gratefully, "I should like a glass of milk, if you please."

And the doors swung to behind them. H.S.G.

Peptic Precepts.

Being Fine Flowers of Digestive Wisdom Culled from the Pages of the Learned Dr. KITCHENER.

For the benefit of a generation that knows not the learned Dr. Kitchener, we may briefly indicate that he adorned this life in the early part of last century. His tastes were catholic, his views and his port were alike sound. His book on the Art of Invigorating and Prolonging Life, in which are contained the Peptic Precepts, was the household oracle of our Port-Drinking ancestors, and, doubtless, his Peristaltic Persuaders were of frequent use amongst the numerous throng of the Nervous and Bilious, to whom his treatise on the Art of Managing those temperaments is respectfully dedicated. But lest the invigoration produced by his treatment should induce forgetfulness of that inevitable end to which all mankind must come, our author crowns his work and brings us right up to the verge of the grave, by adding an article on "The Pleasure of Making a Will," introduced by the somewhat cynical motto, "Finis coronat Opus." Space will not allow me to more than hint at the wide range of the catholic Kitchener's interests. He is the author of "The Cook's Oracle" and "The Life of Charles Dibdin," of "The Economy of the Eyes," and of "Observations on Singing," "The Housekeeper's Ledger," and "The Traveller's Oracle." With none of these are we concerned at the present moment. Let not the reader approach these precepts which we select from the rich pages of the learned Doctor in a spirit of light mockery. His book contains much wisdom that might be laid to heart even by the youngest among us and give food for thought to the oldest. But to our task. "These Peptic Precepts will teach the reader how to counteract in the most prompt and agreeable manner, the effects of those accidental deviations from strict temperance * * * which sometimes overcome the most abstemious philosopher, when the seducing charms of conviviality tempt him to forego the prudent manners of his cooler moments."

"Indigestion will sometimes overtake the most experienced epicure;—when the gustatory nerves are in good humour, Hunger and Savoury Viands will sometimes seduce the tongue of a *Grand Gourmand* to betray the interest of his stomach in spite of his brains."

The use of the Stomach Warmer, and the advantages of Abstinence are then laid before us.

"He that eats till he is ill, must fast till he is well."

When a good fellow has been sacrificing too liberally at the shrine of the jolly god, is to take for supper some gruel, with half-an-ounce of butter, and a teaspoonful of Epsom Salt in it: or two or three Peristaltic Persuaders, which some persevering Gastrophilists take as a provocative to appetite. "The Human Frame may be compared to a watch, of which the heart is the mainspring, the stomach the regulator—and what we put into it, the key by which the machine is wound up; if the machine be disordered, it must be carefully cleaned and judiciously oiled."

"Some fancy their dinner cannot digest till they have closed the orifice of their stomach with a certain portion of cheese—there is not a more absurd Vulgar Error than the oftener quoted proverb, that

'Cheese is a surly elf,
Digesting all things but itself.'

He contrasts the breakfast in 'A.D. 1550, when Queen Elizabeth's Maids of Honour began the day with a round of beef—or a red herring, and a flagon of ale, and in 1822, when the sportsman, and even the day-labourer, breakfast on what cooks call 'Chinese Soup,' *i.e.* Tea!'"

In 1512 the breakfast of the Duke and Duchess of Northumberland was set on the table at seven in the morning and consisted of

"A quart of Beer,
A quart of Wine,
Two pieces of Salt Fish,
Half-a-dozen Red Herrings,
Four White ones, and
A dish of Sprats!!!"

The cure for Night-Mare is to drink a couple of glasses of White Wine or half a wine glass of Brandy in a wine glass of Peppermint-water. If this be not effective, half a tumbler of Hot Water with 50 drops of Sal Volatile, or a wine glass of Peppermint-water and half that quantity of Tincture of Rhubarb, or a teaspoonful of Epsom Salts, or two or three Peristaltic Persuaders.

"The symptom of security from a return of the Night-Mare is a vermicular sensation betokening that

the Peristaltic motion and the circulation are restored to their regular pace again."

Instinct is the best guide to the food that will suit us.

Natural longing has frequently pointed out food by which Acute Diseases have been immediately cured, when the most consummate medical skill was at fault, and life at its lowest ebb.

"As many men dig the grave with their teeth as with the tankard.—Drunkenness is deplorably destructive, but her demurer sister, Gluttony, destroys a hundred to her one."

"Where one of the poor dies of want, how many thousands of the rich are destroyed by Indigestion!"

Above all he praises those Philanthropic Physicians, Dr. *Diet*, Dr. *Quiet*, and Dr. *Merryman*.

When the Stomach sends forth eructant signals of distress, the Peristaltic Persuaders are as agreeable and effectual assistance as can be ordered. They derive their name from the peculiar mildness of their operation.

To make Forty Peristaltic Persuaders, take

Turkey Rhubarb, finely pulverised, two drachms.
Syrup (by weight), one drachm.
Oil of Carraway, ten drops (minims).

Made into pills, each of which will contain three grains of Rhubarb.

When you wish to accelerate or augment the Alvine Exoneration, take two, three, or more, according to the effect you desire to produce.— — —They generally will very regularly perform what you wish to-day, without interfering with what you hope will happen to-morrow.—As convenient an argument against Constipation as any we are acquainted with.

"A knowledge how to regulate the alvine evacuation, constitutes much of the prophylactic part of medicine."

Unless a medicine actually produces more distress in the system than the disorder, it is administered to remove; in fact, if the remedy be not worse than the disease, the million have no faith in it.——Many seem to have the best opinion of that Doctor who most furiously

'Vomits—Purges—Blisters—Bleeds—
and Sweats 'em.'"

Of the eminent physician's Tonic Tinctures and Mellifluous Aromatics, of his hints on the chewing of food, which were so scrupulously followed out by a late eminent Statesman, and of his other chapters on eating and sleeping and drinking and air and exercise, we have not space to write at present.

He died at the comparatively early age of forty-seven, and of him it might be written as of Quince, that he was

An honest man who mixed his pills,
And liked to see his friends about him.

Rugby Football Club.

ST. MARY'S HOSPITAL *v.* WASPS.

This match was played at Uxbridge Road, on Saturday, December 12th, and resulted in a win for the Hospital by 5 goals and 6 tries (43 points) to 1 try (3 points).

The ground was in capital condition and our backs taking advantage of this simply outplayed their opponents. Soon after the start Beckett crossed the Wasps' goal line and Wells added the major points. During the first half further tries were obtained by Taylor, Gaye, Wells, Phillips, Beckett, and Louwrens (2). In the second half the game was more evenly contested, and by good play Wasps managed to score a try, but the kick at goal was unsuccessful. For the Hospital further tries were obtained by Wells and Gaye (2). All our backs played very well, Ollerhead especially gave a very excellent display at full-back. Amongst the forwards Wells, Beckett, Freeman, and Juler were always prominent, but the others also played well.

Team: H. S. Ollerhead, *Back;* A. D. Gaye, W. R. Taylor, R. G. Buckley, and R. W. Neagle, *Three-quarter backs;* J. Louwrens and B. Phillips, *Half-backs;* A. G. Wells (Capt.), J. Freeman, H. J Beckett, R. A. Bryden, C. G. Galpin, F. A. Juler, C. M. Wilson, and J. B. Webb, *Forwards.*

ST. MARY'S HOSPITAL *v.* ROYAL SCHOOL OF MINES.

In this match which was played at Acton, on Wednesday, January 13th, we were extremely unfortunate in being without the services of our Captain, A. G. Wells, B. Phillips (half-back), and R. G. Buckley (three-quarter back). The ground was in a very bad condition, and the game was of a scrambling nature throughout. Taylor scored for the Hospital, and Galpin kicked the goal. The game resulted in a win for the School of Mines by 1 goal and 1 try (8 points) to 1 goal (5 points).

Team: H. S. Ollerhead, *Back;* A. W. Gaye, W. R. Taylor, R. Finn, and R. W. Neagle, *Three-quarter backs;* J. Louwrens and J. E. L. Johnstone, *Half-backs;* J. Freeman, H. J. Beckett, R. A. Bryden, C. G. Galpin, F. A. Juler, C. M. Wilson, J. B. Webb, and H. Anderson, *Forwards.*

ST. MARY'S HOSPITAL "A" *v.* ROYAL SCHOOL OF MINES "A."

Played at Acton on January 13th, resulting in a draw, each side scoring 2 tries (6 points). For the Hospital both tries were obtained by Willis.

The draw for the Inter-Hospital Cup-ties is as follows:—

First Round.

A.—ST. MARY'S Hosp. *v.* Westminster, on Jan. 21st.
B.—Middlesex „ *v.* Charing Cross „ 26th.
C.—King's Coll. „ *v.* London „ 28th.

Second Round.

D.—St. George's Hosp. *v.* University Coll. on Feb. 2nd.
E.—Guy's „ *v.* St. Bartholomew „ 4th.
F.—Winner of A. *v.* Winner of B. „ 9th.
G.—Winner of C. *v.* St. Thomas's Hospital „ 11th.

Semi-Final Round.

Winner of D. *v.* Winner of E., on Feb. 18th.
Winner of F. *v.* Winner of G., „ 26th.

FINAL will be played on March 2nd.

J. LOUWRENS, *Hon. Sec. R.F.C.*

Appointments.

BURGESS, J. HAY, M.B.Lond., L.R.C.P., M.R.C.S., has been appointed House Surgeon to Mr. Silcock.

CAREY, C. DELISLE, M.B., B.C.Camb., has been appointed Medical Officer to the Parish and Infirmary, St. Peter's Port, Guernsey.

CROZIER, G. R. H., L.R.C.P., M.R.C.S., has been appointed Junior Obstetric Officer at St. Mary's Hospital.

DYER, HAROLD, L.R.C.P., M.R.C.S., has been appointed House Surgeon to the Bristol Hospital for Women and Children.

HORN, A. E., B.Sc., M.B.Lond., L.R.C.P., M.R.C.S., has been appointed Medical Officer at Accra, Gold Coast Protectorate, W. Africa.

HUGHES, W. STANLEY, L.R.C.P., M.R.C.S., has been appointed Junior Assistant Medical Officer to the Claybury Asylum.

JONES, H. CADWALADR, L.D.S., has been appointed Demonstrator in Dental Surgery at the Royal Dental Hospital of London.

PEACHELL, G. E., L.R.C.P., M.R.C.S, has been appointed House Physician to Dr. Lees.

RICHARD, C., L.R.C.P., M.R.C.S., has been appointed Junior Assistant-Surgeon to the Sussex County Hospital, Brighton.

ROUS, J. B., L.R.C.P., M.R.C.S., has been appointed House-Surgeon to the Hastings, St. Leonard's, and East Sussex Hospital.

SINGER, C. J., L.R.C.P., M.R.C.S., has been appointed Surgeon to Sir John Harrington's Sobat River Expedition.

THORNTON, BERTRAM, L.R.C.P., M.R.C.S., has been appointed Medical Officer of Health for Margate, also Police Surgeon.

Change of Address.

ALLEN, R. B., L.S.A., Town Head, Bootle, Cumberland.

ARMSTRONG, L. H., M.R.C.S., L.S.A., 40, Albert Terrace, Dewsbury, Yorks.

CLARKE, E. R., M.B., B.C.Camb., L.R.C.P., M.R.C.S., 143, Middleton Street, Moss Side, Manchester.

COTTER, G. E. W., M.B., B.C.Camb., L.R.C.P., M.R.C.S., 25, Westbury Street, Thornbury-on-Tees, Yorks.

CRESSWELL, R., M.R.C.S., L.S.A., D.P.H., 10, Adelaide Terrace, Portishead, Somerset.

DANIEL, R. A. D., M.D.Durh., L.R.C.P., L.R.C.S. Edin., L.S.A., 7, Harley Street, W.

DANIEL, W. P. T., L.R.C.P., M.R.C.S., D.P.H., 79, Seymour Street, W.

DAVSON, W. M., M.B., B.S.Durh., 131, Biddulph Mansions, Elgin Avenue, Maida Vale, W.

DEANE, B., L.R.C.P.I., L.S.A., 265, Camden Road, N.

DUNCAN, R. B., M.D., B.S.Durh., 241, High Road, Lee, S.E.

ELDER, G. T., L.R.C.P., M.R.C.S., 10, West Hill Drive, Mansfield, Nottingham.

FREER, E. L., M.R.C.S., 14, Richmond Road, Bedford.

GARBUTT, J. G., M.R.C.S., L.S.A., 203, Blackfriars Road, S.E.

GOITEIN, B., M.D.Vienna, L.S.A., 143, High Street, Kingsland, N.E.

HARDWICK, W. W., M.D.St.And., M.R.C.P., L.R.C.S.Edin., Adelphi Chambers, 7, John Street, Adelphi, W.C.

HARRIS, A. G. R., L.R.C.P., M.R.C.S., Victoria Terrace, Adlington, Lancashire.

HEY, C. E. M., L.R.C.P., M.R.C.S., L.S.A., 158, Leadenhall Street, E.C.

HORN, A. E., M.B.Lond., L.R.C.P., M.R.C.S., Accra, Gold Coast Protectorate, West Coast Africa.

KILLICK, CHAS., M.B., B.C.Camb., L.R.C.P., M.R.C.S., Trinity House, Maidstone.

KITCHIN, P., L.R.C.P., M.R.C.S., L.S.A., Town House, Newport, Salop.

LEWTY, R. A., L.S.A., 299, Broadway, Bexley Heath, Kent.

LYDDON, C., L.R.C.P., M.R.C.S., L S.A., Bank House, Long Road, Armley, Leeds.

LYLE, C. C. V., L.R.C.P., M.R.C.S., West Brow, Combe Down, Bath, Somerset.

MANNING, E. J., L.R.C.P., M.R.C.S., Broadmoor, Crowthorne, Berks.

MILSON, E. H., L.R.C.P., M.R C.S., c/o Dr. Maurier, Lloran House, Marlborough, Wilts.

MINCKLEY, H. R., L.R.C.P., M.R.C.S., 295, Hoe Street, Walthamstow, N.E.

NOURSE, W. J. C., F.R.C.S.Edin., L.R.C.P., L.S.A., 20, Weymouth Street, W.

ORTLEPP, A. J., L.R.C.P., M.R.C.S., Van der Merwe. Transvaal, S. Africa.

PEACOCK, W. F., M.D.Brux., L.R.C.P., M.R.C.S., L.S.A., 289, London Road, Croydon.

PRANKERD, O. R., M.D.Edin., M.R.C.S., Lynton, 25, Hornsey Lane Gardens, N.

PRICE, D. T., M.B.Lond., Castle Cary, Somerset.

PROCTER, THOMAS, M.R.C.S., Bank House, Marshfield, Chippenham, Wilts.

ROBERTS, H. T. Ll., L.R.C.P., L.R.C.S.Edin., 1, Bateman Street, Cambridge.

SECCOMBE, C. W., L.R.C.P., M.R.C.S., 18, Imperial Road, Wood Green, N.

SELLER, J. D., L.R.C.P., M.R.C.S., 114, St. George's Street, E.

SHAW, A. E., L.R.C.P., M.R.C.S., Overdale, Laxey, Isle of Man.

SINGER, C. J., L.R.C.P., M.R.C.S., c/o Col. Sir John Harrington, Addis Ababa, Abyssinia.

SMALE, HERBERT, L.D.S., 22a, Cavendish Square, W.

SPENCER, W. H., M.D.Camb., M.R.C.P., 4, Albany Place, Camberley, Surrey.

SUGDEN, H., 11, Lion Terrace, Portsea, Hants.

SUMMERHAYES, J. W., M.D.Durh., L.R.C.P., M.R.C.S., Turf Club Road, Turffontein, Johannesburg, Transvaal, S. Africa.

THOMSON, L. L., L.R.C.P., M.R.C.S., 1, Bolton Gardens, Chiswick, W.

TOMLINSON, D. W., M.R.C.S., L.S.A., Werrington, near Peterborough.

WILKIN, G. C., L.R.C.P., M.R.C.S., L.S.A., Conway House, Paignton, S. Devon.

WINDER, J., L.S.A., 5, Leeland Terrace, West Ealing, W.
WOOD, W. C., M.D.Lond., F.R.C.S., Elliots, Penshurst, Kent.
WORTH, F. J., M.D., B.S.Durb., L.R.C.P., M.R.C.S., Glencoe, Wooler, Northumberland.
WRIGHT, W. S., L.R.C.P., M.R.C.S., L.S.A., The Cedars, Wool, Dorset.

Pass Lists.

UNIVERSITY OF LONDON.

DEGREE OF M.D

Carey F. Coombs, B.S.

M.B. EXAMINATION.

HONOURS.

Forensic Medicine.—A. F. Hayden.

UNIVERSITY OF CAMBRIDGE.

THIRD EXAMINATION FOR DEGREE OF M.B.

Part I.—General Pathology and Pharmacology.

E. D. Anderson, B.A., W. E. Paramore, B.A., W. R. Honeyburne, B.A., P. Hall-Smith, B.A., W. P. Morgan, M.A.

Part II.—Surgery, Midwifery, and Medicine.

T. L. Drapes, B.A.

ROYAL COLLEGE OF SURGEONS.

Diploma of Public Health.

J. E. F. Bridger, L.R.C.P., M.R.C.S.
C. Ryley, L.R.C.P., M.R.C.S.
A. H. Thomas, L.S.A.

CONJOINT BOARD.

FIRST EXAMINATION.

Chemistry—A. de V. Gibson.
J. H. Burdett.
J. B. Meers.
Biology—G. D. G. Fergusson.
R. B. Reade.

SECOND EXAMINATION.

Anatomy and Physiology—
H. J. Duske.
J. J. Louwrens.
R. de V. King.
W. A. Owen.
F. H. Stephens.

SOCIETY OF APOTHECARIES.

PRIMARY EXAMINATION.

Part II.—Anatomy and Physiology.

H. J. Duske.

Surgery.—A. Rogers (Sect. II.)
Medicine.—A. C. Story.
Forensic Medicine.—A. C. Story.
Diploma.—A. H. Falkner, W. Lovell.

Books Received for Review.

LATERAL CURVATURE. By E. NOBLE SMITH, F.R.C.S. Pp. 133. Smith, Elder, & Co., London. Price 2s. 6d.

AIDS TO SURGERY. By J. CUMMING, M.B., B.S., F.R.C.S. Pp. 402. Bailliere, Tindall, & Cox, London Price 4s. 6d.

THE STERILISATION OF URETHRAL INSTRUMENTS.—By H. J. HERRING, M.B., B.S.Durh. Pp. 176. H. K. LEWIS (London), price 5s.

REPORT OF SECOND OUTBREAK OF PLAGUE, AT SYDNEY, 1902.—By J. A. THOMPSON, M.D., D.P.H. W. A. GULLICK (Sydney.)

Announcements.

MARRIAGE.

AUSTIN—PUDDY.—On December 19th, at St. Helen's Church, North Kensington, by the Rev. F. Jomini, Elfred Chalmers Austin, F.R.C.S.E., L.R.C.P., M.R.C.S., eldest son of the late Edward Austin, of Kensington, to Irene, youngest daughter of C. H. Puddy, Esq., of 11, The Triangle, N. Kensington.

The Services.

1st LIFE GUARDS.

Surgeon-Lieut. BASIL PARES, L.R.C.P., M.R.C.S. is promoted to Surgeon-Captain (dated Nov. 14th, 1903). He joined the department as Lieutenant, November 14th, 1900, and after being for some time attached to the 1st Life Guards as Medical Officer, was confirmed in that appointment, October 15th, 1902.

ROYAL ARMY MEDICAL CORPS.

Major S. J. W. Hayman, L.R.C.P., L.R.C.S.Edin., has changed Station from Dundalk to Bengal.
Captain J. Grech, L.R.C.P., M.R.C.S., has changed Station from Cork to Dublin.
Captain E. Brodribb, L.R.C.P., M.R.C.S., has changed Station to Gibraltar.

ROYAL NAVY MEDICAL SERVICE.

Surgeon T. E. HONEY, M.D.Durh., L.R.C.P., M.R.C.S., is promoted to Staff-Surgeon (dated May 11th, 1900).
Surgeon B. F. PARISH, L.S.A., is promoted to Staff-Surgeon (dated May 11th, 1900.)

SENIORITY ANTEDATED.

Staff-Surgeon E. J. FINCH, L.R.C.P., M.R.C.S. (February 11th, 1899.)
Surgeon J. H. L. PAGE, L.R.C.P., M.R.C.S., is lent to H.M.S. Spanker (dated December 16th, 1903.)

ROYAL ENGINEERS (VOLUNTEERS).

Surgeon-Major G. B. FRASER, 1st Devonshire and Somersetshire, to be Surgeon-Lieutenant-Colonel, January 6th.

ROYAL NAVAL VOLUNTEER RESERVE.

MARCUS S. PATERSON, M.B., B.S.Durh., L.R.C.P., M.R.C.S., has been appointed Surgeon (dated 23rd December, 1903.)
REGINALD J. E. HANSON, M.B., B.C.Camb., has been appointed Surgeon (dated 23rd December, 1903.)

St. Mary's Hospital Gazette.

CONTENTS.

Vol. X.—No. 2. **FEBRUARY, 1904.** **Price 6d.**

A Want in Medical Literature.

The amount of medical literature is immense. The number of books on medical subjects published in the course of a year must equal the number of novels published. Who can with equanimity face such figures? Beyond these comes the great mass of papers in journals, proceedings, and transactions appearing weekly, monthly, quarterly, and yearly, so that at times we are constrained to ask ourselves what is the good of it all? Has it a value? The cynic responds—but we know his response: "The value is to the writer." And then in cold blood he proceeds to give his advice to the young man who would get on in this world of medicine. "Write — write — write constantly! Keep your name before the public. It doesn't matter what you write—only write. If you have anything to say (or if you haven't) tell it in the sheets of the *Lancet*, proclaim it in the pages of the *B.M.J.* So will your name be known amongst men, and your fame be spread abroad throughout the nation."

At the present moment we have no desire to discuss the motives which impel men to write for the papers. We have a personal belief that many of the writers honestly think that they have something to say which has not been said before, or, at least, has not been so well said. It is to a class of men who do not write enough that we would speak—the man who is in general practice. There are so many things which he sees that never come the way of the man who writes the books. There is so much in his experience which must be absolutely strange to the consultant. Surely here or there amongst the hundreds of men of more than average ability who are at work in family practices there must be the genius with the capacity for picking out those salient points and writing the story of medicine from the side of the G.P. What a storehouse of information the well-kept case-books of a man who had attended two or three generations in one village would be. Take only one subject—the influence of weather on the incidence of disease. Everyone of us realises what a difference the foul nature of the last eighteen months must have made to certain maladies. Everyone knows how the death-rate varies with the coldness of the winter. Here is a subject which could be better illustrated from the case-book of a practitioner than from all the learned tomes of consulting physician or surgeon. Where is the doctor of genius who is to write the article?

The Treatment of General Peritonitis.

V. WARREN LOW, M.D., F.R.C.S.*

Mr. President and Gentlemen,—The subject for debate to-night is the treatment of General Peritonitis, and there are, I think, few questions of surgery on which there are, at the same time, more agreement and disagreement.

Everyone is, I believe, agreed on certain general lines of treatment, but there are vast differences of opinion as to the details to be observed in carrying out such principles. Equally capable and honest observers, making use of entirely different methods, appear to obtain either equally good or equally bad results. Statistics can be compiled which would appear to prove that almost any method of treatment is efficacious or the reverse, and I know of no condition in which the personal observations of individual surgeons are of more importance in deciding the value of any method of treatment.

Each case has to be judged on its merits, and these can only be known and weighed by the man who has had personal charge of the case in question; and it is on this account that the occasional interchange of views, as in a discussion of this sort, by those who are interested in, and have had opportunities of watching such cases, is of the first importance.

I say that each case has to be judged on its merits; let us consider how the varying nature of the cases may weaken the value of statistics. I think one of the most important factors in this respect is that the term "general peritonitis" does not always stand for exactly the same pathological and anatomical condition. I have myself seen a large intra-peritoneal abscess, involving the right iliac fossa and extending into the pelvis, looked upon as a case of general peritonitis when there has been evidence that the upper zone of the abdomen and the left lumbar and iliac regions were free. Having regard to the enormous difference in mortality between a localising peritonitis and one that is diffuse and practically involves the whole sac, one sees at once the importance of distinguishing these cases before passing judgment on any particular line of treatment.

Here one is at once met with a serious difficulty, namely, the practical impossibility of saying that the whole sac is involved except by a post-mortem examination, and we have therefore to be content with some less convincing evidence than such an examination would afford. I do not consider it an unfair inference to draw to say that the peritonitis is general in such cases as these: (1) in a case of appendicitis, where from the general condition of the patient it is obvious that some grave lesion is present; where the abdomen is universally tender and immobile, the tenderness extending well into the left flank, and is also obtained on rectal examination; where there is evidence of fluid in both flanks; and where, on listening with a stethoscope over the abdominal wall, in no part can evidences of intestinal movement be obtained, a sign much relied on by the late Mr. Greig Smith. If, on opening the abdomen in such a case as this, pus is found in the right iliac fossa and in the pelvis, while small intestines and omentum, covered with lymph or sticky exudation, present themselves at the wound, and, to the finger, carefully introduced, no soft barrier is interposed as it passes up towards the umbilicus and left flank, then I say we may fairly infer that the whole peritoneal sac is involved, and in post-mortem examinations, made in such cases, that is what is actually found.

(2) Again, in a case of perforation of a gastric or duodenal ulcer, when we find pus and gastric contents in the pelvis, and purulent serum in both flanks, then I think we may consider it a case of general peritonitis.

I may, perhaps, appear to have somewhat laboured this point with two such obvious examples of general peritonitis, but I have done so purposely, as, on reading what has recently been written on general peritonitis and appendicitis, one cannot but be struck (1) by the slender evidence on which general peritonitis is assumed by those gentlemen who are endeavouring to prove that only the very slightest operative procedure is necessary in such cases; and (2) the extraordinarily extensive area of the abdomen involved by what is termed an intra-peritoneal abscess by those writers whose theme is rather the extreme thoroughness with which a localised peritonitis must be dealt with in order to obtain success.

To the first class I would commend a Tract on Peritonitis (and there can be no doubt from the text that he meant general peritonitis) by Thomas Sutton, M.D., in 1813, in which he publishes a series of cases treated with considerable success by (1) rest, (2) purgatives, (3) abstinence from food, (4) an evaporating lotion to the abdomen, and (5) blood-letting. There can be no doubt about the success of Dr. Sutton's treatment, though there can also be but little doubt that all his cases were merely perityphilitis of probably appen dicular origin.

To return to the diagnosis of general peritonitis, you will notice that in each case I have included phenomena that can only be elicited by opening the abdomen, and I do this as I recognise the extreme difficulty in many cases of diagnosing general from local peritonitis; and though I consider it important that the diagnosis should, if possible, be made before the abdomen is opened, in many cases certainty can only be arrived at by actual inspection of the peritoneal cavity.

I would, therefore, always bearing in mind the initial difficulty of diagnosis, limit the discussion to-night to the treatment of those cases of diffuse general peritonitis in which there is a very strong presumption that the whole peritoneal sac is involved, and I would not include the treatment of cases of localised peritonitis such as are chiefly met with in those regions more or less unoccupied by coils of small intestine, as, for instance, the subphrenic district between the dome of the diaphragm and the transverse colon; below, in the region of the cæcum, especially on the outer side; and in the pelvis.

* Read by Mr. Low in opening the debate at the Medical Society December 9th.

But there are other differences between cases of general peritonitis, besides the mere artificial distinctions of nomenclature, to bear in mind while considering a series of successful or unsuccessful cases as evidence for or against any particular method of treatment. Chief amongst them are, I think, the nature and source of infection. To take the latter first, viz., the source of infection. I speak here with considerable diffidence, as in such a fatal disease the gradations in severity can be but slight, and would require a more extended experience than mine to lay them down with any dogma. I am glad to see here some who can speak with more authority. As far as my own personal experience goes, those cases of general peritonitis are of the worst prognosis in which the source of infection has reached the peritoneum from without, and I would place in the first rank of severity diffuse peritonitis of puerperal origin, while following closely on this would be peritonitis the result of an operation (now, happily, almost a curiosity), or an abdominal wound. I believe these cases have this feature in common, that the materies morbi is usually a streptococcus, though in the last instance would also be added possibly the infection from a wound of a coil of intestine. After these follow closely, peritonitis due to a strangulated hernia, a peculiarly fatal variety, or that due to a perforation of any piece of intestine. Slightly less fatal than these, or, I ought rather to say, more amenable to treatment, as I do not suggest that any of these cases would recover except by surgical treatment, comes peritonitis due to perforation of a gastric or duodenal ulcer, and still more amenable to treatment is the general peritonitis due to appendicitis. But these grades in prognosis are merely relative, and may be still more complicated by the varying virulence of the infective agent in any particular case. Of what this difference consists, whether it resides in the patient, the culture medium, or in some peculiarity of the infecting organism, I cannot say, but that there is a very marked difference in the virulence and malignity of cases of peritonitis, which would otherwise appear to be of a similar nature, there can be no doubt. When I add to this that the prognosis in any case varies with the promptitude with which surgical interference is summoned and the circumstances under which an operation is performed, I think I may claim to have made out a case for the omission of statistics in discussing the relative merits of the various details of treatment.

There can be no question in any of our minds that the best treatment of general peritonitis is preventative, and into that question I do not propose to enter beyond pointing out the importance of not converting a localised intra-peritoneal abscess into a case of general peritonitis. The class of case in which this danger is most imminent to the general surgeon is the ordinary perityphilitic abscess, generally due to a perforated or gangrenous appendix. In such a case, I believe it to be exceedingly easy to break down the soft barrier of lymph glueing intestines and omentum together and shutting off from the general peritoneal cavity the infective focus—and for this reason, in dealing with such an abscess, I am most careful to avoid the temptation of doing too much; and, if the appendix is not at once obvious in the abscess cavity, I merely content myself with draining the latter, but invariably afterwards point out to the patient in the strongest terms of which I am capable, that the operation is not completed until the appendix has been removed. I have now carried out this line of action in several cases, and have removed the appendix at a second operation, after the first wound has healed, and I cannot but think that I have thus materially lessened the risks of the first operation. In one case of a woman where I did make a somewhat more prolonged effort to find the appendix, I was unfortunate enough to break the slight barrier down at one point and open the general peritoneal cavity. In order to minimise the risk my mistake involved, I opened the abdomen in the middle line above the pubes and passed a Keith's tube into the pelvis; while doing this, I had an opportunity of seeing that her general peritoneal cavity was perfectly healthy, and that there was no peritonitis. On the next day the fluid withdrawn from the Keith's tube was turbid and had a distinctly foul odour; this gradually decreased, and in the course of three days the fluid was merely yellow serum and the tube was withdrawn, while for some time afterwards there was a discharge of foul pus from the wound in the right iliac region. There can be no doubt that in this case I unnecessarily infected the general peritoneal cavity, and that either the woman's own powers of resistance or, possibly, the prompt drainage prevented a general flare up; but I am not at all comfortable in my mind that had her resistance been less, my drainage might have been ineffectual in preventing a spreading infection of the peritoneum, and I therefore consider that my efforts to remove her appendix materially increased the risks of her operation, and that the inconvenience of a second operation would have been a lesser evil.

I now pass to the consideration of the treatment of a case of diffused peritonitis, after such a condition has become well established. I do not think I need waste time in discussing the question of opening the abdomen. We may take it for granted that laparotomy should be performed at the earliest possible moment, and, with the exception of certain accessory details which I will discuss later, we may consider the case from the point at which the peritoneal cavity is exposed. As a rule, two incisions are required, always a median one below the umbilicus, and usually another over the site of the infecting area.

We are now brought at once, face to face, with one of the first questions over which there is some divergence of opinion between the various authorities, namely, the importance of dealing with the cause. There is, of course, absolute unanimity as to the correct procedure when the cause is obvious and easy of access, as in many cases of perforated appendix, a rent in a coil of intestine, or a perforation of a stomach, but the difficulty and doubt arise when the cause is not easy to find, or the operative procedure, needed to rectify it, is tedious and will materially lengthen the patient's time on the operating table.

On the one side there is the increased danger of shock to an already collapsed patient, and we are told not to attempt too much, and that "Nature has already, possibly, closed with her kindly lymph and adhesions the perforation for which we are seeking." Certainly some of the most dramatic recoveries of cases of general peritonitis have occurred in cases, apparently in extremis, where the abdomen has been quickly opened, a drainage tube inserted, and nothing further done. On the other hand is the danger of leaving behind a manufactory of poison which will continue to infect the peritoneum and undo what our cleansing and drainage operations may have effected for good. It is the exact position that any surgeon takes up on this question which determines the duration of his efforts to seek and deal with the offending lesion. Personally, I believe that often too much reliance is placed on the rare occurrence of recoveries after simple drainage in cases of general peritonitis. Naturally, such unlooked for successes are almost always recorded, but little mention is made of the numberless failures which must be of daily occurrence. I would therefore suggest that it is of prime importance to remove or remedy the source of infection. We must all, however, recognise that in many cases this is impossible; the time during which such a search may be made is limited by the condition of the patient, and only the surgeon in charge of the cases can decide, from his previous experience, the limits of his operative procedure, having regard to the immediate safety of his patient. I think, then, that that surgeon will oftenest succeed in his search who is most sceptical of the value of simple drainage in general peritonitis.

I should like to quote two cases in my own experience which illustrate the difficulties involved in forming a rightful judgment.

1. A middle-aged man was admitted in February of this year into St. Mary's evidently suffering from general peritonitis of gall-bladder origin. His abdomen was opened, and the peritoneal cavity was found to be filled with a large quantity of bile-stained opaque fluid containing flakes of lymph; a large quantity of this was in the pelvis. The intestines were glued together by recent adhesions. The gall-bladder could not be seen or felt, and evidently lay in a mass of matted intestines which were adherent to each other and to the liver. At the time I came to the conclusion that the man's condition did not warrant the prolonged operative interference which appeared necessary in order to deal with the source of the evil, and I contented myself with washing out the peritoneal cavity and draining the pelvis and gall-bladder area. I am not, however, at all satisfied now that the further progress of the case did not prove me to have been wrong. The man's condition as a result of this partial operative treatment, aided by the careful administration of saline injections and enemata and the exhibition of strychnine, improved considerably, and even for a short time gave me hopes of his recovery, but he died 72 hours after the operation. At the autopsy, a gangrenous gall-bladder was found in which was a large hole, and near which were lying two gall-stones. The gall-bladder was surrounded by adhesions and matted intestines, but was obviously not completely shut off from the peritoneal cavity. Having regard to his improvement and the length of time he lived, I cannot but feel now that by subjecting him to a somewhat greater immediate risk I might have given him a better chance of ultimate recovery.

The second case presents the other side of the question.

A young man in August of last year presented himself at the hospital with what proved to be general peritonitis of doubtful origin. On opening the abdomen it was found to be filled with purulent fluid, which extended to all parts of the peritoneal cavity, and the intestines were everywhere matted together by yellowish lymph. After a brief examination, one could feel comparatively certain that neither the appendix, gall-bladder, stomach, or duodenum was the source of infection. I then gave up the search, washed out the abdomen with hot saline solution, and drained his pelvis and both loins. He lived for eight hours, and at the post-mortem it was only after a lengthy search that Dr. Broadbent was enabled to ascertain that there was a perforation of a large ragged typhoid ulcer in the ileum about three feet from the cæcum, and I think I may fairly say that it would have been impossible to discover this during the patient's life.

I now pass on to the question of cleaning out the peritoneal cavity, and it is here that is found the chief difference of procedure in the practice of various surgeons. The main point of difference is the employment or not of irrigation of the peritoneal cavity with hot saline solution or boiled water. On the one hand are those who contend that lavage of the peritoneal cavity may spread infection to areas hitherto free, and that the damping of the patient's surface, inseparable from the process of irrigation, with its consequent loss of heat by evaporation, tends to increase the shock. Such surgeons content themselves with carefully cleansing the abdominal cavity with sponges, or more usually nowadays, sterilised gauze. On the other hand are those who believe that in irrigation we possess the most effectual, and at the same time least mechanically irritating method of cleansing the peritoneal sac, and to this latter class I must confess I belong.

I cannot but think that possibly the prejudice against irrigation is partly a remnant of an old controversy that was once waged on the question of washing out the peritoneal cavity as a routine practice in every laparotomy, for which, now-a-days, there is no defence; and it is also partly due to its injudicious use in cases of localised suppurative peritonitis, and on this point I have already dwelt.

The principle of lavage as the best method of disinfecting septic cavities would appear to be established in such instances as the stomach, bladder, and knee-joint, while there are many who would balance the advantages of continuous irrigation or baths for septic wounds against the mechanical inconvenience of such methods of treatment. Possibly there is no method of obtaining absolute cleanliness of such a complex cavity as the peritoneal sac, but the change wrought in a foul case of suppurative peritonitis by 5–8 minutes'

irrigation with hot saline solution is certainly most striking, and in a few cases I have been agreeably surprised to find the fluid collected in the pelvic drain at the first dressing to be clear and almost colourless serum, and pus has never again made an appearance. Such cases, I admit, are the exception, but that they do exist would appear to me a testimonial in favour of irrigation. In my own experience I have not found any increase of shock that could reasonably be ascribed to the lavage, and in one or two cases where I have asked the anæsthetist to make observations, the circulation has improved during the process, as evidenced by the improvement of colour and increase of pulse volume. I therefore believe that in properly selected cases, and with due precautions, lavage of the peritoneal sac is a most important adjunct to the surgical treatment of general peritonitis. I would lay stress on the following points :—

(*a*) That the process be only employed in cases of diffuse peritonitis in which there is reason to believe that either the whole or greater part of the peritoneal sac is involved, and I consider it most strongly contra-indicated in cases of intra peritoneal abscess, and do not myself employ it when I am unable to ascertain the exact condition of affairs.

(*b*) The following details should be observed :—

1. The best fluid would appear to be normal saline solution at a temperature which feels comfortably warm to the hand, that is about 106-108° F.
2. The fluid should not be allowed to run in at any pressure; the irrigator being held about 1-ft. 18-ins. above the abdomen. Care should also be taken that there is free egress for the irrigating fluid's escape.
3. A wide calibre india rubber tube is less likely to damage the often friable intestinal walls than the glass nozzle sometimes employed.
4. Due precautions should be taken to prevent any undue wetting and exposure of the patient.
5. After the irrigation I carefully pass a large marine sponge into the pelvis two or three times and allow it to soak up most of the remaining fluid. I do this in order to avoid having to dress the patient too soon after the operation. Some surgeons prefer to leave a certain amount of saline solution in the abdomen under the belief that it will be absorbed, and act in the same way as intravenous or subcutaneous transfusion. I am not at all satisfied, however, of the absorbent powers of the inflamed peritoneum, and I prefer to rely on intravenous injections of saline.

In cases of general peritonitis for drainage I chiefly rely on the old-fashioned glass tube in the pelvis. The latter appears to play the part of the depression so often seen in old carving dishes into which all the fluids from the joint drain, and unless there is some mechanical obstacle in the shape of matted intestines or omentum I believe the majority of the fluids in a case of general peritoneal inflammation find their way into the pelvis. Although one gets no assistance from gravity the pelvic tube appears to be a very effective drain, forming, as it were, a shaft up which the fluid is forced for a short distance by the slight intra-abdominal pressure which appears to be present even though the abdomen is opened; that such pressure does exist is proved by the tendency of drainage tubes to be extended, and by the occasional escape of intestine. But such pressure is not sufficient to lift the fluid more than an inch or so along the tube, and it is then easily emptied, with only a minimum of disturbance of the dressings, by means of suction; the ordinary glass syringe to the nozzle of which a piece of drainage tube is attached, being the handiest agent.

The infected arrear is, I think, best drained by means of large rubber tubes which are daily carefully wiped out with strips of sterilised gauze, dipped in some mild antiseptic as peroxide of hydrogen. I am guided by the site of the original focus and by the facility with which fluids appear to move about the abdomen, as to the question of draining the flanks, but do not consider it necessary in every case. A small but important detail in the after treatment of these cases is give each tube a slight twist on its axis at each dressing otherwise granulations grow into the lateral perforations of the tube, and I have seen a coil of intestine drawn out of a wound in the attempt to remove the pelvic tube. My own personal experience is quite opposed to what are euphemistically called gauze wicks or drains. The pieces of gauze so employed are I believe supposed to act in the same way as the wick of a lamp, but their meshes became filled with coagulating fluids and all capillary action is checked, and I believe their older name of gauze plugs is a more accurate description of their action. One often reads in the description of their operations by surgeons, who make use of this method of drainage, such sentences as this, "the removal of the gauze drain on the second day was followed by the escape of a drachm or so of purulent serum or actual pus" and I think the frequency with which this phenomenon actually takes place is a sufficient condemnation of their use.

One other possible operative measure remains for discussion. In advanced cases of general peritonitis with paralysis of the intestinal wall, the coils of intestine are distended, and filled with foul fæculent material, such as is seen in cases of acute intestinal obstruction, and the patient in fact suffers from obstruction due to such paralysis. In such a case the indication would appear to be to open a coil of intestine and evacuate as much of this poisonous material as is possible, closing the incision afterwards with a row of Lambert's sutures. In one case where I accidentally did this I am not at all sure that it did not materially conduce to the successful issue. It is on this principle that Dr. McCash, of New York, before closing the abdomen injects 1–2 ozs. of a saturated solution of $MgSO_4$ into the small intestine as high up the jejunum as possible: of this measure I have no experience.

In conclusion, Mr. Low referred to the great liability to circulatory failure following operative treatment, and discussed methods of contending against this danger.

On the one side there is the increased danger of shock to an already collapsed patient, and we are told not to attempt too much, and that "Nature has already, possibly, closed with her kindly lymph and adhesions the perforation for which we are seeking." Certainly some of the most dramatic recoveries of cases of general peritonitis have occurred in cases, apparently in extremis, where the abdomen has been quickly opened, a drainage tube inserted, and nothing further done. On the other hand is the danger of leaving behind a manufactory of poison which will continue to infect the peritoneum and undo what our cleansing and drainage operations may have effected for good. It is the exact position that any surgeon takes up on this question which determines the duration of his efforts to seek and deal with the offending lesion. Personally, I believe that often too much reliance is placed on the rare occurrence of recoveries after simple drainage in cases of general peritonitis. Naturally, such unlooked for successes are almost always recorded, but little mention is made of the numberless failures which must be of daily occurrence. I would therefore suggest that it is of prime importance to remove or remedy the source of infection. We must all, however, recognise that in many cases this is impossible; the time during which such a search may be made is limited by the condition of the patient, and only the surgeon in charge of the cases can decide, from his previous experience, the limits of his operative procedure, having regard to the immediate safety of his patient. I think, then, that that surgeon will oftenest succeed in his search who is most sceptical of the value of simple drainage in general peritonitis.

I should like to quote two cases in my own experience which illustrate the difficulties involved in forming a rightful judgment.

1. A middle-aged man was admitted in February of this year into St. Mary's evidently suffering from general peritonitis of gall-bladder origin. His abdomen was opened, and the peritoneal cavity was found to be filled with a large quantity of bile-stained opaque fluid containing flakes of lymph; a large quantity of this was in the pelvis. The intestines were glued together by recent adhesions. The gall-bladder could not be seen or felt, and evidently lay in a mass of matted intestines which were adherent to each other and to the liver. At the time I came to the conclusion that the man's condition did not warrant the prolonged operative interference which appeared necessary in order to deal with the source of the evil, and I contented myself with washing out the peritoneal cavity and draining the pelvis and gall-bladder area. I am not, however, at all satisfied now that the further progress of the case did not prove me to have been wrong. The man's condition as a result of this partial operative treatment, aided by the careful administration of saline injections and enemata and the exhibition of strychnine, improved considerably, and even for a short time gave me hopes of his recovery, but he died 72 hours after the operation. At the autopsy, a gangrenous gall-bladder was found in which was a large hole, and near which were lying two gall-stones. The gall-bladder was surrounded by adhesions and matted intestines, but was obviously not completely shut off from the peritoneal cavity. Having regard to his improvement and the length of time he lived, I cannot but feel now that by subjecting him to a somewhat greater immediate risk I might have given him a better chance of ultimate recovery.

The second case presents the other side of the question.

A young man in August of last year presented himself at the hospital with what proved to be general peritonitis of doubtful origin. On opening the abdomen it was found to be filled with purulent fluid, which extended to all parts of the peritoneal cavity, and the intestines were everywhere matted together by yellowish lymph. After a brief examination, one could feel comparatively certain that neither the appendix, gall-bladder, stomach, or duodenum was the source of infection. I then gave up the search, washed out the abdomen with hot saline solution, and drained his pelvis and both loins. He lived for eight hours, and at the post-mortem it was only after a lengthy search that Dr. Broadbent was enabled to ascertain that there was a perforation of a large ragged typhoid ulcer in the ileum about three feet from the cæcum, and I think I may fairly say that it would have been impossible to discover this during the patient's life.

I now pass on to the question of cleaning out the peritoneal cavity, and it is here that is found the chief difference of procedure in the practice of various surgeons. The main point of difference is the employment or not of irrigation of the peritoneal cavity with hot saline solution or boiled water. On the one hand are those who contend that lavage of the peritoneal cavity may spread infection to areas hitherto free, and that the damping of the patient's surface, inseparable from the process of irrigation, with its consequent loss of heat by evaporation, tends to increase the shock. Such surgeons content themselves with carefully cleansing the abdominal cavity with sponges, or more usually nowadays, sterilised gauze. On the other hand are those who believe that in irrigation we possess the most effectual, and at the same time least mechanically irritating method of cleansing the peritoneal sac, and to this latter class I must confess I belong.

I cannot but think that possibly the prejudice against irrigation is partly a remnant of an old controversy that was once waged on the question of washing out the peritoneal cavity as a routine practice in every laparotomy, for which, now-a-days, there is no defence; and it is also partly due to its injudicious use in cases of localised suppurative peritonitis, and on this point I have already dwelt.

The principle of lavage as the best method of disinfecting septic cavities would appear to be established in such instances as the stomach, bladder, and knee-joint, while there are many who would balance the advantages of continuous irrigation or baths for septic wounds against the mechanical inconvenience of such methods of treatment. Possibly there is no method of obtaining absolute cleanliness of such a complex cavity as the peritoneal sac, but the change wrought in a foul case of suppurative peritonitis by 5–8 minutes'

irrigation with hot saline solution is certainly most striking, and in a few cases I have been agreeably surprised to find the fluid collected in the pelvic drain at the first dressing to be clear and almost colourless serum, and pus has never again made an appearance. Such cases, I admit, are the exception, but that they do exist would appear to me a testimonial in favour of irrigation. In my own experience I have not found any increase of shock that could reasonably be ascribed to the lavage, and in one or two cases where I have asked the anæsthetist to make observations, the circulation has improved during the process, as evidenced by the improvement of colour and increase of pulse volume. I therefore believe that in properly selected cases, and with due precautions, lavage of the peritoneal sac is a most important adjunct to the surgical treatment of general peritonitis. I would lay stress on the following points :—

(*a*) That the process be only employed in cases of diffuse peritonitis in which there is reason to believe that either the whole or greater part of the peritoneal sac is involved, and I consider it most strongly contra-indicated in cases of intra peritoneal abscess, and do not myself employ it when I am unable to ascertain the exact condition of affairs.

(*b*) The following details should be observed :—

1. The best fluid would appear to be normal saline solution at a temperature which feels comfortably warm to the hand, that is about 106-108° F.
2. The fluid should not be allowed to run in at any pressure; the irrigator being held about 1-ft. 18-ins. above the abdomen. Care should also be taken that there is free egress for the irrigating fluid's escape.
3. A wide calibre india rubber tube is less likely to damage the often friable intestinal walls than the glass nozzle sometimes employed.
4. Due precautions should be taken to prevent any undue wetting and exposure of the patient.
5. After the irrigation I carefully pass a large marine sponge into the pelvis two or three times and allow it to soak up most of the remaining fluid. I do this in order to avoid having to dress the patient too soon after the operation. Some surgeons prefer to leave a certain amount of saline solution in the abdomen under the belief that it will be absorbed, and act in the same way as intravenous or subcutaneous transfusion. I am not at all satisfied, however, of the absorbent powers of the inflamed peritoneum, and I prefer to rely on intravenous injections of saline.

In cases of general peritonitis for drainage I chiefly rely on the old-fashioned glass tube in the pelvis. The latter appears to play the part of the depression so often seen in old carving dishes into which all the fluids from the joint drain, and unless there is some mechanical obstacle in the shape of matted intestines or omentum I believe the majority of the fluids in a case of general peritoneal inflammation find their way into the pelvis. Although one gets no assistance from gravity the pelvic tube appears to be a very effective drain, forming, as it were, a shaft up which the fluid is forced for a short distance by the slight intra-abdominal pressure which appears to be present even though the abdomen is opened; that such pressure does exist is proved by the tendency of drainage tubes to be extended, and by the occasional escape of intestine. But such pressure is not sufficient to lift the fluid more than an inch or so along the tube, and it is then easily emptied, with only a minimum of disturbance of the dressings, by means of suction; the ordinary glass syringe to the nozzle of which a piece of drainage tube is attached, being the handiest agent.

The infected arrear is, I think, best drained by means of large rubber tubes which are daily carefully wiped out with strips of sterilised gauze, dipped in some mild antiseptic as peroxide of hydrogen. I am guided by the site of the original focus and by the facility with which fluids appear to move about the abdomen, as to the question of draining the flanks, but do not consider it necessary in every case. A small but important detail in the after treatment of these cases is give each tube a slight twist on its axis at each dressing otherwise granulations grow into the lateral perforations of the tube, and I have seen a coil of intestine drawn out of a wound in the attempt to remove the pelvic tube. My own personal experience is quite opposed to what are euphemistically called gauze wicks or drains. The pieces of gauze so employed are I believe supposed to act in the same way as the wick of a lamp, but their meshes became filled with coagulating fluids and all capillary action is checked, and I believe their older name of gauze plugs is a more accurate description of their action. One often reads in the description of their operations by surgeons, who make use of this method of drainage, such sentences as this, "the removal of the gauze drain on the second day was followed by the escape of a drachm or so of purulent serum or actual pus" and I think the frequency with which this phenomenon actually takes place is a sufficient condemnation of their use.

One other possible operative measure remains for discussion. In advanced cases of general peritonitis with paralysis of the intestinal wall, the coils of intestine are distended, and filled with foul fæculent material, such as is seen in cases of acute intestinal obstruction, and the patient in fact suffers from obstruction due to such paralysis. In such a case the indication would appear to be to open a coil of intestine and evacuate as much of this poisonous material as is possible, closing the incision afterwards with a row of Lambert's sutures. In one case where I accidentally did this I am not at all sure that it did not materially conduce to the successful issue. It is on this principle that Dr. McCash, of New York, before closing the abdomen injects 1–2 ozs. of a saturated solution of $MgSO_4$ into the small intestine as high up the jejunum as possible: of this measure I have no experience.

In conclusion, Mr. Low referred to the great liability to circulatory failure following operative treatment, and discussed methods of contending against this danger.

On the one side there is the increased danger of shock to an already collapsed patient, and we are told not to attempt too much, and that "Nature has already, possibly, closed with her kindly lymph and adhesions the perforation for which we are seeking." Certainly some of the most dramatic recoveries of cases of general peritonitis have occurred in cases, apparently in extremis, where the abdomen has been quickly opened, a drainage tube inserted, and nothing further done. On the other hand is the danger of leaving behind a manufactory of poison which will continue to infect the peritoneum and undo what our cleansing and drainage operations may have effected for good. It is the exact position that any surgeon takes up on this question which determines the duration of his efforts to seek and deal with the offending lesion. Personally, I believe that often too much reliance is placed on the rare occurrence of recoveries after simple drainage in cases of general peritonitis. Naturally, such unlooked for successes are almost always recorded, but little mention is made of the numberless failures which must be of daily occurrence. I would therefore suggest that it is of prime importance to remove or remedy the source of infection. We must all, however, recognise that in many cases this is impossible; the time during which such a search may be made is limited by the condition of the patient, and only the surgeon in charge of the cases can decide, from his previous experience, the limits of his operative procedure, having regard to the immediate safety of his patient. I think, then, that that surgeon will oftenest succeed in his search who is most sceptical of the value of simple drainage in general peritonitis.

I should like to quote two cases in my own experience which illustrate the difficulties involved in forming a rightful judgment.

1. A middle-aged man was admitted in February of this year into St. Mary's evidently suffering from general peritonitis of gall-bladder origin. His abdomen was opened, and the peritoneal cavity was found to be filled with a large quantity of bile-stained opaque fluid containing flakes of lymph; a large quantity of this was in the pelvis. The intestines were glued together by recent adhesions. The gall-bladder could not be seen or felt, and evidently lay in a mass of matted intestines which were adherent to each other and to the liver. At the time I came to the conclusion that the man's condition did not warrant the prolonged operative interference which appeared necessary in order to deal with the source of the evil, and I contented myself with washing out the peritoneal cavity and draining the pelvis and gall-bladder area. I am not, however, at all satisfied now that the further progress of the case did not prove me to have been wrong. The man's condition as a result of this partial operative treatment, aided by the careful administration of saline injections and enemata and the exhibition of strychnine, improved considerably, and even for a short time gave me hopes of his recovery, but he died 72 hours after the operation. At the autopsy, a gangrenous gall-bladder was found in which was a large hole, and near which were lying two gall-stones. The gall-bladder was surrounded by adhesions and matted intestines, but was obviously not completely shut off from the peritoneal cavity. Having regard to his improvement and the length of time he lived, I cannot but feel now that by subjecting him to a somewhat greater immediate risk I might have given him a better chance of ultimate recovery.

The second case presents the other side of the question.

A young man in August of last year presented himself at the hospital with what proved to be general peritonitis of doubtful origin. On opening the abdomen it was found to be filled with purulent fluid, which extended to all parts of the peritoneal cavity, and the intestines were everywhere matted together by yellowish lymph. After a brief examination, one could feel comparatively certain that neither the appendix, gall-bladder, stomach, or duodenum was the source of infection. I then gave up the search, washed out the abdomen with hot saline solution, and drained his pelvis and both loins. He lived for eight hours, and at the post-mortem it was only after a lengthy search that Dr. Broadbent was enabled to ascertain that there was a perforation of a large ragged typhoid ulcer in the ileum about three feet from the cæcum, and I think I may fairly say that it would have been impossible to discover this during the patient's life.

I now pass on to the question of cleaning out the peritoneal cavity, and it is here that is found the chief difference of procedure in the practice of various surgeons. The main point of difference is the employment or not of irrigation of the peritoneal cavity with hot saline solution or boiled water. On the one hand are those who contend that lavage of the peritoneal cavity may spread infection to areas hitherto free, and that the damping of the patient's surface, inseparable from the process of irrigation, with its consequent loss of heat by evaporation, tends to increase the shock. Such surgeons content themselves with carefully cleansing the abdominal cavity with sponges, or more usually nowadays, sterilised gauze. On the other hand are those who believe that in irrigation we possess the most effectual, and at the same time least mechanically irritating method of cleansing the peritoneal sac, and to this latter class I must confess I belong.

I cannot but think that possibly the prejudice against irrigation is partly a remnant of an old controversy that was once waged on the question of washing out the peritoneal cavity as a routine practice in every laparotomy, for which, now-a-days, there is no defence; and it is also partly due to its injudicious use in cases of localised suppurative peritonitis, and on this point I have already dwelt.

The principle of lavage as the best method of disinfecting septic cavities would appear to be established in such instances as the stomach, bladder, and knee-joint, while there are many who would balance the advantages of continuous irrigation or baths for septic wounds against the mechanical inconvenience of such methods of treatment. Possibly there is no method of obtaining absolute cleanliness of such a complex cavity as the peritoneal sac, but the change wrought in a foul case of suppurative peritonitis by 5–8 minutes'

irrigation with hot saline solution is certainly most striking, and in a few cases I have been agreeably surprised to find the fluid collected in the pelvic drain at the first dressing to be clear and almost colourless serum, and pus has never again made an appearance. Such cases, I admit, are the exception, but that they do exist would appear to me a testimonial in favour of irrigation. In my own experience I have not found any increase of shock that could reasonably be ascribed to the lavage, and in one or two cases where I have asked the anæsthetist to make observations, the circulation has improved during the process, as evidenced by the improvement of colour and increase of pulse volume. I therefore believe that in properly selected cases, and with due precautions, lavage of the peritoneal sac is a most important adjunct to the surgical treatment of general peritonitis. I would lay stress on the following points :—

(*a*) That the process be only employed in cases of diffuse peritonitis in which there is reason to believe that either the whole or greater part of the peritoneal sac is involved, and I consider it most strongly contra-indicated in cases of intra peritoneal abscess, and do not myself employ it when I am unable to ascertain the exact condition of affairs.

(*b*) The following details should be observed :—

1. The best fluid would appear to be normal saline solution at a temperature which feels comfortably warm to the hand, that is about 106-108° F.
2. The fluid should not be allowed to run in at any pressure; the irrigator being held about 1-ft. 18-ins. above the abdomen. Care should also be taken that there is free egress for the irrigating fluid's escape.
3. A wide calibre india rubber tube is less likely to damage the often friable intestinal walls than the glass nozzle sometimes employed.
4. Due precautions should be taken to prevent any undue wetting and exposure of the patient.
5. After the irrigation I carefully pass a large marine sponge into the pelvis two or three times and allow it to soak up most of the remaining fluid. I do this in order to avoid having to dress the patient too soon after the operation. Some surgeons prefer to leave a certain amount of saline solution in the abdomen under the belief that it will be absorbed, and act in the same way as intravenous or subcutaneous transfusion. I am not at all satisfied, however, of the absorbent powers of the inflamed peritoneum, and I prefer to rely on intravenous injections of saline.

In cases of general peritonitis for drainage I chiefly rely on the old-fashioned glass tube in the pelvis. The latter appears to play the part of the depression so often seen in old carving dishes into which all the fluids from the joint drain, and unless there is some mechanical obstacle in the shape of matted intestines or omentum I believe the majority of the fluids in a case of general peritoneal inflammation find their way into the pelvis. Although one gets no assistance from gravity the pelvic tube appears to be a very effective drain, forming, as it were, a shaft up which the fluid is forced for a short distance by the slight intra-abdominal pressure which appears to be present even though the abdomen is opened; that such pressure does exist is proved by the tendency of drainage tubes to be extended, and by the occasional escape of intestine. But such pressure is not sufficient to lift the fluid more than an inch or so along the tube, and it is then easily emptied, with only a minimum of disturbance of the dressings, by means of suction; the ordinary glass syringe to the nozzle of which a piece of drainage tube is attached, being the handiest agent.

The infected arrear is, I think, best drained by means of large rubber tubes which are daily carefully wiped out with strips of sterilised gauze, dipped in some mild antiseptic as peroxide of hydrogen. I am guided by the site of the original focus and by the facility with which fluids appear to move about the abdomen, as to the question of draining the flanks, but do not consider it necessary in every case. A small but important detail in the after treatment of these cases is give each tube a slight twist on its axis at each dressing otherwise granulations grow into the lateral perforations of the tube, and I have seen a coil of intestine drawn out of a wound in the attempt to remove the pelvic tube. My own personal experience is quite opposed to what are euphemistically called gauze wicks or drains. The pieces of gauze so employed are I believe supposed to act in the same way as the wick of a lamp, but their meshes became filled with coagulating fluids and all capillary action is checked, and I believe their older name of gauze plugs is a more accurate description of their action. One often reads in the description of their operations by surgeons, who make use of this method of drainage, such sentences as this, "the removal of the gauze drain on the second day was followed by the escape of a drachm or so of purulent serum or actual pus" and I think the frequency with which this phenomenon actually takes place is a sufficient condemnation of their use.

One other possible operative measure remains for discussion. In advanced cases of general peritonitis with paralysis of the intestinal wall, the coils of intestine are distended, and filled with foul fæculent material, such as is seen in cases of acute intestinal obstruction, and the patient in fact suffers from obstruction due to such paralysis. In such a case the indication would appear to be to open a coil of intestine and evacuate as much of this poisonous material as is possible, closing the incision afterwards with a row of Lambert's sutures. In one case where I accidentally did this I am not at all sure that it did not materially conduce to the successful issue. It is on this principle that Dr. McCash, of New York, before closing the abdomen injects 1–2 ozs. of a saturated solution of $MgSO_4$ into the small intestine as high up the jejunum as possible: of this measure I have no experience.

In conclusion, Mr. Low referred to the great liability to circulatory failure following operative treatment, and discussed methods of contending against this danger.

On the one side there is the increased danger of shock to an already collapsed patient, and we are told not to attempt too much, and that "Nature has already, possibly, closed with her kindly lymph and adhesions the perforation for which we are seeking." Certainly some of the most dramatic recoveries of cases of general peritonitis have occurred in cases, apparently in extremis, where the abdomen has been quickly opened, a drainage tube inserted, and nothing further done. On the other hand is the danger of leaving behind a manufactory of poison which will continue to infect the peritoneum and undo what our cleansing and drainage operations may have effected for good. It is the exact position that any surgeon takes up on this question which determines the duration of his efforts to seek and deal with the offending lesion. Personally, I believe that often too much reliance is placed on the rare occurrence of recoveries after simple drainage in cases of general peritonitis. Naturally, such unlooked for successes are almost always recorded, but little mention is made of the numberless failures which must be of daily occurrence. I would therefore suggest that it is of prime importance to remove or remedy the source of infection. We must all, however, recognise that in many cases this is impossible; the time during which such a search may be made is limited by the condition of the patient, and only the surgeon in charge of the cases can decide, from his previous experience, the limits of his operative procedure, having regard to the immediate safety of his patient. I think, then, that that surgeon will oftenest succeed in his search who is most sceptical of the value of simple drainage in general peritonitis.

I should like to quote two cases in my own experience which illustrate the difficulties involved in forming a rightful judgment.

1. A middle-aged man was admitted in February of this year into St. Mary's evidently suffering from general peritonitis of gall-bladder origin. His abdomen was opened, and the peritoneal cavity was found to be filled with a large quantity of bile-stained opaque fluid containing flakes of lymph; a large quantity of this was in the pelvis. The intestines were glued together by recent adhesions. The gall-bladder could not be seen or felt, and evidently lay in a mass of matted intestines which were adherent to each other and to the liver. At the time I came to the conclusion that the man's condition did not warrant the prolonged operative interference which appeared necessary in order to deal with the source of the evil, and I contented myself with washing out the peritoneal cavity and draining the pelvis and gall-bladder area. I am not, however, at all satisfied now that the further progress of the case did not prove me to have been wrong. The man's condition as a result of this partial operative treatment, aided by the careful administration of saline injections and enemata and the exhibition of strychnine, improved considerably, and even for a short time gave me hopes of his recovery, but he died 72 hours after the operation. At the autopsy, a gangrenous gall-bladder was found in which was a large hole, and near which were lying two gall-stones. The gall-bladder was surrounded by adhesions and matted intestines, but was obviously not completely shut off from the peritoneal cavity. Having regard to his improvement and the length of time he lived, I cannot but feel now that by subjecting him to a somewhat greater immediate risk I might have given him a better chance of ultimate recovery.

The second case presents the other side of the question.

A young man in August of last year presented himself at the hospital with what proved to be general peritonitis of doubtful origin. On opening the abdomen it was found to be filled with purulent fluid, which extended to all parts of the peritoneal cavity, and the intestines were everywhere matted together by yellowish lymph. After a brief examination, one could feel comparatively certain that neither the appendix, gall-bladder, stomach, or duodenum was the source of infection. I then gave up the search, washed out the abdomen with hot saline solution, and drained his pelvis and both loins. He lived for eight hours, and at the post-mortem it was only after a lengthy search that Dr. Broadbent was enabled to ascertain that there was a perforation of a large ragged typhoid ulcer in the ileum about three feet from the cæcum, and I think I may fairly say that it would have been impossible to discover this during the patient's life.

I now pass on to the question of cleaning out the peritoneal cavity, and it is here that is found the chief difference of procedure in the practice of various surgeons. The main point of difference is the employment or not of irrigation of the peritoneal cavity with hot saline solution or boiled water. On the one hand are those who contend that lavage of the peritoneal cavity may spread infection to areas hitherto free, and that the damping of the patient's surface, inseparable from the process of irrigation, with its consequent loss of heat by evaporation, tends to increase the shock. Such surgeons content themselves with carefully cleansing the abdominal cavity with sponges, or more usually nowadays, sterilised gauze. On the other hand are those who believe that in irrigation we possess the most effectual, and at the same time least mechanically irritating method of cleansing the peritoneal sac, and to this latter class I must confess I belong.

I cannot but think that possibly the prejudice against irrigation is partly a remnant of an old controversy that was once waged on the question of washing out the peritoneal cavity as a routine practice in every laparotomy, for which, now-a-days, there is no defence; and it is also partly due to its injudicious use in cases of localised suppurative peritonitis, and on this point I have already dwelt.

The principle of lavage as the best method of disinfecting septic cavities would appear to be established in such instances as the stomach, bladder, and knee-joint, while there are many who would balance the advantages of continuous irrigation or baths for septic wounds against the mechanical inconvenience of such methods of treatment. Possibly there is no method of obtaining absolute cleanliness of such a complex cavity as the peritoneal sac, but the change wrought in a foul case of suppurative peritonitis by 5–8 minutes'

irrigation with hot saline solution is certainly most striking, and in a few cases I have been agreeably surprised to find the fluid collected in the pelvic drain at the first dressing to be clear and almost colourless serum, and pus has never again made an appearance. Such cases, I admit, are the exception, but that they do exist would appear to me a testimonial in favour of irrigation. In my own experience I have not found any increase of shock that could reasonably be ascribed to the lavage, and in one or two cases where I have asked the anæsthetist to make observations, the circulation has improved during the process, as evidenced by the improvement of colour and increase of pulse volume. I therefore believe that in properly selected cases, and with due precautions, lavage of the peritoneal sac is a most important adjunct to the surgical treatment of general peritonitis. I would lay stress on the following points :—

(*a*) That the process be only employed in cases of diffuse peritonitis in which there is reason to believe that either the whole or greater part of the peritoneal sac is involved, and I consider it most strongly contra-indicated in cases of intra peritoneal abscess, and do not myself employ it when I am unable to ascertain the exact condition of affairs.

(*b*) The following details should be observed :—

1. The best fluid would appear to be normal saline solution at a temperature which feels comfortably warm to the hand, that is about 106-108° F.
2. The fluid should not be allowed to run in at any pressure; the irrigator being held about 1-ft. 18-ins. above the abdomen. Care should also be taken that there is free egress for the irrigating fluid's escape.
3. A wide calibre india rubber tube is less likely to damage the often friable intestinal walls than the glass nozzle sometimes employed.
4. Due precautions should be taken to prevent any undue wetting and exposure of the patient.
5. After the irrigation I carefully pass a large marine sponge into the pelvis two or three times and allow it to soak up most of the remaining fluid. I do this in order to avoid having to dress the patient too soon after the operation. Some surgeons prefer to leave a certain amount of saline solution in the abdomen under the belief that it will be absorbed, and act in the same way as intravenous or subcutaneous transfusion. I am not at all satisfied, however, of the absorbent powers of the inflamed peritoneum, and I prefer to rely on intravenous injections of saline.

In cases of general peritonitis for drainage I chiefly rely on the old-fashioned glass tube in the pelvis. The latter appears to play the part of the depression so often seen in old carving dishes into which all the fluids from the joint drain, and unless there is some mechanical obstacle in the shape of matted intestines or omentum I believe the majority of the fluids in a case of general peritoneal inflammation find their way into the pelvis. Although one gets no assistance from gravity the pelvic tube appears to be a very effective drain, forming, as it were, a shaft up which the fluid is forced for a short distance by the slight intra-abdominal pressure which appears to be present even though the abdomen is opened; that such pressure does exist is proved by the tendency of drainage tubes to be extended, and by the occasional escape of intestine. But such pressure is not sufficient to lift the fluid more than an inch or so along the tube, and it is then easily emptied, with only a minimum of disturbance of the dressings, by means of suction; the ordinary glass syringe to the nozzle of which a piece of drainage tube is attached, being the handiest agent.

The infected arrear is, I think, best drained by means of large rubber tubes which are daily carefully wiped out with strips of sterilised gauze, dipped in some mild antiseptic as peroxide of hydrogen. I am guided by the site of the original focus and by the facility with which fluids appear to move about the abdomen, as to the question of draining the flanks, but do not consider it necessary in every case. A small but important detail in the after treatment of these cases is give each tube a slight twist on its axis at each dressing otherwise granulations grow into the lateral perforations of the tube, and I have seen a coil of intestine drawn out of a wound in the attempt to remove the pelvic tube. My own personal experience is quite opposed to what are euphemistically called gauze wicks or drains. The pieces of gauze so employed are I believe supposed to act in the same way as the wick of a lamp, but their meshes became filled with coagulating fluids and all capillary action is checked, and I believe their older name of gauze plugs is a more accurate description of their action. One often reads in the description of their operations by surgeons, who make use of this method of drainage, such sentences as this, "the removal of the gauze drain on the second day was followed by the escape of a drachm or so of purulent serum or actual pus" and I think the frequency with which this phenomenon actually takes place is a sufficient condemnation of their use.

One other possible operative measure remains for discussion. In advanced cases of general peritonitis with paralysis of the intestinal wall, the coils of intestine are distended, and filled with foul fæculent material, such as is seen in cases of acute intestinal obstruction, and the patient in fact suffers from obstruction due to such paralysis. In such a case the indication would appear to be to open a coil of intestine and evacuate as much of this poisonous material as is possible, closing the incision afterwards with a row of Lambert's sutures. In one case where I accidentally did this I am not at all sure that it did not materially conduce to the successful issue. It is on this principle that Dr. McCash, of New York, before closing the abdomen injects 1–2 ozs. of a saturated solution of $MgSO_4$ into the small intestine as high up the jejunum as possible: of this measure I have no experience.

In conclusion, Mr. Low referred to the great liability to circulatory failure following operative treatment, and discussed methods of contending against this danger.

On the one side there is the increased danger of shock to an already collapsed patient, and we are told not to attempt too much, and that "Nature has already, possibly, closed with her kindly lymph and adhesions the perforation for which we are seeking." Certainly some of the most dramatic recoveries of cases of general peritonitis have occurred in cases, apparently in extremis, where the abdomen has been quickly opened, a drainage tube inserted, and nothing further done. On the other hand is the danger of leaving behind a manufactory of poison which will continue to infect the peritoneum and undo what our cleansing and drainage operations may have effected for good. It is the exact position that any surgeon takes up on this question which determines the duration of his efforts to seek and deal with the offending lesion. Personally, I believe that often too much reliance is placed on the rare occurrence of recoveries after simple drainage in cases of general peritonitis. Naturally, such unlooked for successes are almost always recorded, but little mention is made of the numberless failures which must be of daily occurrence. I would therefore suggest that it is of prime importance to remove or remedy the source of infection. We must all, however, recognise that in many cases this is impossible; the time during which such a search may be made is limited by the condition of the patient, and only the surgeon in charge of the cases can decide, from his previous experience, the limits of his operative procedure, having regard to the immediate safety of his patient. I think, then, that that surgeon will oftenest succeed in his search who is most sceptical of the value of simple drainage in general peritonitis.

I should like to quote two cases in my own experience which illustrate the difficulties involved in forming a rightful judgment.

1. A middle-aged man was admitted in February of this year into St. Mary's evidently suffering from general peritonitis of gall-bladder origin. His abdomen was opened, and the peritoneal cavity was found to be filled with a large quantity of bile-stained opaque fluid containing flakes of lymph; a large quantity of this was in the pelvis. The intestines were glued together by recent adhesions. The gall-bladder could not be seen or felt, and evidently lay in a mass of matted intestines which were adherent to each other and to the liver. At the time I came to the conclusion that the man's condition did not warrant the prolonged operative interference which appeared necessary in order to deal with the source of the evil, and I contented myself with washing out the peritoneal cavity and draining the pelvis and gall-bladder area. I am not, however, at all satisfied now that the further progress of the case did not prove me to have been wrong. The man's condition as a result of this partial operative treatment, aided by the careful administration of saline injections and enemata and the exhibition of strychnine, improved considerably, and even for a short time gave me hopes of his recovery, but he died 72 hours after the operation. At the autopsy, a gangrenous gall-bladder was found in which was a large hole, and near which were lying two gall-stones. The gall-bladder was surrounded by adhesions and matted intestines, but was obviously not completely shut off from the peritoneal cavity. Having regard to his improvement and the length of time he lived, I cannot but feel now that by subjecting him to a somewhat greater immediate risk I might have given him a better chance of ultimate recovery.

The second case presents the other side of the question.

A young man in August of last year presented himself at the hospital with what proved to be general peritonitis of doubtful origin. On opening the abdomen it was found to be filled with purulent fluid, which extended to all parts of the peritoneal cavity, and the intestines were everywhere matted together by yellowish lymph. After a brief examination, one could feel comparatively certain that neither the appendix, gall-bladder, stomach, or duodenum was the source of infection. I then gave up the search, washed out the abdomen with hot saline solution, and drained his pelvis and both loins. He lived for eight hours, and at the post-mortem it was only after a lengthy search that Dr. Broadbent was enabled to ascertain that there was a perforation of a large ragged typhoid ulcer in the ileum about three feet from the cæcum, and I think I may fairly say that it would have been impossible to discover this during the patient's life.

I now pass on to the question of cleaning out the peritoneal cavity, and it is here that is found the chief difference of procedure in the practice of various surgeons. The main point of difference is the employment or not of irrigation of the peritoneal cavity with hot saline solution or boiled water. On the one hand are those who contend that lavage of the peritoneal cavity may spread infection to areas hitherto free, and that the damping of the patient's surface, inseparable from the process of irrigation, with its consequent loss of heat by evaporation, tends to increase the shock. Such surgeons content themselves with carefully cleansing the abdominal cavity with sponges, or more usually nowadays, sterilised gauze. On the other hand are those who believe that in irrigation we possess the most effectual, and at the same time least mechanically irritating method of cleansing the peritoneal sac, and to this latter class I must confess I belong.

I cannot but think that possibly the prejudice against irrigation is partly a remnant of an old controversy that was once waged on the question of washing out the peritoneal cavity as a routine practice in every laparotomy, for which, now-a-days, there is no defence; and it is also partly due to its injudicious use in cases of localised suppurative peritonitis, and on this point I have already dwelt.

The principle of lavage as the best method of disinfecting septic cavities would appear to be established in such instances as the stomach, bladder, and knee-joint, while there are many who would balance the advantages of continuous irrigation or baths for septic wounds against the mechanical inconvenience of such methods of treatment. Possibly there is no method of obtaining absolute cleanliness of such a complex cavity as the peritoneal sac, but the change wrought in a foul case of suppurative peritonitis by 5–8 minutes'

irrigation with hot saline solution is certainly mo t striking, and in a few cases I have been agreeably surprised to find the fluid collected in the pelvic drain at the first dressing to be clear and almost colourless serum, and pus has never again made an appearance. Such cases, I admit, are the exception, but that they do exist would appear to me a testimonial in favour of irrigation. In my own experience I have not found any increase of shock that could reasonably be ascribed to the lavage, and in one or two cases where I have asked the anæsthetist to make observations, the circulation has improved during the process, as evidenced by the improvement of colour and increase of pulse volume. I therefore believe that in properly selected cases, and with due precautions, lavage of the peritoneal sac is a most important adjunct to the surgical treatment of general peritonitis. I would lay stress on the following points :—

(*a*) That the process be only employed in cases of diffuse peritonitis in which there is reason to believe that either the whole or greater part of the peritoneal sac is involved, and I consider it most strongly contra-indicated in cases of intra peritoneal abscess, and do not myself employ it when I am unable to ascertain the exact condition of affairs.

(*b*) The following details should be observed :—

1. The best fluid would appear to be normal saline solution at a temperature which feels comfortably warm to the hand, that is about 106-108° F.
2. The fluid should not be allowed to run in at any pressure; the irrigator being held about 1-ft. 18-ins. above the abdomen. Care should also be taken that there is free egress for the irrigating fluid's escape.
3. A wide calibre india rubber tube is less likely to damage the often friable intestinal walls than the glass nozzle sometimes employed.
4. Due precautions should be taken to prevent any undue wetting and exposure of the patient.
5. After the irrigation I carefully pass a large marine sponge into the pelvis two or three times and allow it to soak up most of the remaining fluid. I do this in order to avoid having to dress the patient too soon after the operation. Some surgeons prefer to leave a certain amount of saline solution in the abdomen under the belief that it will be absorbed, and act in the same way as intravenous or subcutaneous transfusion. I am not at all satisfied, however, of the absorbent powers of the inflamed peritoneum, and I prefer to rely on intravenous injections of saline.

In cases of general peritonitis for drainage I c hiefly rely on the old-fashioned glass tube in the pelvis. The latter appears to play the part of the depression so often seen in old carving dishes into which all the fluids from the joint drain, and unless there is some mechanical obstacle in the shape of matted intestines or omentum I believe the majority of the fluids in a case of general peritoneal inflammation find their way into the pelvis. Although one gets no assistance from gravity the pelvic tube appears to be a very effective drain, forming, as it were, a shaft up which the fluid is forced for a short distance by the slight intra-abdominal pressure which appears to be present even though the abdomen is opened ; that such pressure does exist is proved by the tendency of drainage tubes to be extended, and by the occasional escape of intestine. But such pressure is not sufficient to lift the fluid more than an inch or so along the tube, and it is then easily emptied, with only a minimum of disturbance of the dressings, by means of suction ; the ordinary glass syringe. to the nozzle of which a piece of drainage tube is attached, being the handiest agent.

The infected arrear is, I think, best drained by means of large rubber tubes which are daily carefully wiped out with strips of sterilised gauze, dipped in some mild antiseptic as peroxide of hydrogen. I am guided by the site of the original focus and by the facility with which fluids appear to move about the abdomen, as to the question of draining the flanks, but do not consider it necessary in every case. A small but important detail in the after treatment of these cases is give each tube a slight twist on its axis at each dressing otherwise granulations grow into the lateral perforations of the tube, and I have seen a coil of intestine drawn out of a wound in the attempt to remove the pelvic tube. My own personal experience is quite opposed to what are euphemistically called gauze wicks or drains. The pieces of gauze so employed are I believe supposed to act in the same way as the wick of a lamp, but their meshes became filled with coagulating fluids and all capillary action is checked, and I believe their older name of gauze plugs is a more accurate description of their action. One often reads in the description of their operations by surgeons, who make use of this method of drainage, such sentences as this, "the removal of the gauze drain on the second day was followed by the escape of a drachm or so of purulent serum or actual pus" and I think the frequency with which this phenomenon actually takes place is a sufficient condemnation of their use.

One other possible operative measure remains for discussion. In advanced cases of general peritonitis with paralysis of the intestinal wall, the coils of intestine are distended, and filled with foul fæculent material, such as is seen in cases of acute intestinal obstruction, and the patient in fact suffers from obstruction due to such paralysis. In such a case the ndication would appear to be to open a coil of intestine and evacuate as much of this poisonous material as is possible, closing the incision afterwards with a row of Lambert's sutures. In one case where I accidentally did this I am not at all sure that it did not materially conduce to the successful issue. It is on this principle that Dr. McCash, of New York, before closing the abdomen injects 1–2 ozs. of a saturated solution of $MgSO_4$ into the small intestine as high up the jejunum as possible : of this measure I have no experience.

In conclusion, Mr. Low referred to the great liability to circulatory failure following operative treatment, and discussed methods of contending against this danger.

On the one side there is the increased danger of shock to an already collapsed patient, and we are told not to attempt too much, and that "Nature has already, possibly, closed with her kindly lymph and adhesions the perforation for which we are seeking." Certainly some of the most dramatic recoveries of cases of general peritonitis have occurred in cases, apparently in extremis, where the abdomen has been quickly opened, a drainage tube inserted, and nothing further done. On the other hand is the danger of leaving behind a manufactory of poison which will continue to infect the peritoneum and undo what our cleansing and drainage operations may have effected for good. It is the exact position that any surgeon takes up on this question which determines the duration of his efforts to seek and deal with the offending lesion. Personally, I believe that often too much reliance is placed on the rare occurrence of recoveries after simple drainage in cases of general peritonitis. Naturally, such unlooked for successes are almost always recorded, but little mention is made of the numberless failures which must be of daily occurrence. I would therefore suggest that it is of prime importance to remove or remedy the source of infection. We must all, however, recognise that in many cases this is impossible; the time during which such a search may be made is limited by the condition of the patient, and only the surgeon in charge of the cases can decide, from his previous experience, the limits of his operative procedure, having regard to the immediate safety of his patient. I think, then, that that surgeon will oftenest succeed in his search who is most sceptical of the value of simple drainage in general peritonitis.

I should like to quote two cases in my own experience which illustrate the difficulties involved in forming a rightful judgment.

1. A middle-aged man was admitted in February of this year into St. Mary's evidently suffering from general peritonitis of gall-bladder origin. His abdomen was opened, and the peritoneal cavity was found to be filled with a large quantity of bile-stained opaque fluid containing flakes of lymph; a large quantity of this was in the pelvis. The intestines were glued together by recent adhesions. The gall-bladder could not be seen or felt, and evidently lay in a mass of matted intestines which were adherent to each other and to the liver. At the time I came to the conclusion that the man's condition did not warrant the prolonged operative interference which appeared necessary in order to deal with the source of the evil, and I contented myself with washing out the peritoneal cavity and draining the pelvis and gall-bladder area. I am not, however, at all satisfied now that the further progress of the case did not prove me to have been wrong. The man's condition as a result of this partial operative treatment, aided by the careful administration of saline injections and enemata and the exhibition of strychnine, improved considerably, and even for a short time gave me hopes of his recovery, but he died 72 hours after the operation. At the autopsy, a gangrenous gall-bladder was found in which was a large hole, and near which were lying two gall-stones. The gall-bladder was surrounded by adhesions and matted intestines, but was obviously not completely shut off from the peritoneal cavity. Having regard to his improvement and the length of time he lived, I cannot but feel now that by subjecting him to a somewhat greater immediate risk I might have given him a better chance of ultimate recovery.

The second case presents the other side of the question.

A young man in August of last year presented himself at the hospital with what proved to be general peritonitis of doubtful origin. On opening the abdomen it was found to be filled with purulent fluid, which extended to all parts of the peritoneal cavity, and the intestines were everywhere matted together by yellowish lymph. After a brief examination, one could feel comparatively certain that neither the appendix, gall-bladder, stomach, or duodenum was the source of infection. I then gave up the search, washed out the abdomen with hot saline solution, and drained his pelvis and both loins. He lived for eight hours, and at the post-mortem it was only after a lengthy search that Dr. Broadbent was enabled to ascertain that there was a perforation of a large ragged typhoid ulcer in the ileum about three feet from the cæcum, and I think I may fairly say that it would have been impossible to discover this during the patient's life.

I now pass on to the question of cleaning out the peritoneal cavity, and it is here that is found the chief difference of procedure in the practice of various surgeons. The main point of difference is the employment or not of irrigation of the peritoneal cavity with hot saline solution or boiled water. On the one hand are those who contend that lavage of the peritoneal cavity may spread infection to areas hitherto free, and that the damping of the patient's surface, inseparable from the process of irrigation, with its consequent loss of heat by evaporation, tends to increase the shock. Such surgeons content themselves with carefully cleansing the abdominal cavity with sponges, or more usually nowadays, sterilised gauze. On the other hand are those who believe that in irrigation we possess the most effectual, and at the same time least mechanically irritating method of cleansing the peritoneal sac, and to this latter class I must confess I belong.

I cannot but think that possibly the prejudice against irrigation is partly a remnant of an old controversy that was once waged on the question of washing out the peritoneal cavity as a routine practice in every laparotomy, for which, now-a-days, there is no defence; and it is also partly due to its injudicious use in cases of localised suppurative peritonitis, and on this point I have already dwelt.

The principle of lavage as the best method of disinfecting septic cavities would appear to be established in such instances as the stomach, bladder, and knee-joint, while there are many who would balance the advantages of continuous irrigation or baths for septic wounds against the mechanical inconvenience of such methods of treatment. Possibly there is no method of obtaining absolute cleanliness of such a complex cavity as the peritoneal sac, but the change wrought in a foul case of suppurative peritonitis by 5–8 minutes'

irrigation with hot saline solution is certainly most striking, and in a few cases I have been agreeably surprised to find the fluid collected in the pelvic drain at the first dressing to be clear and almost colourless serum, and pus has never again made an appearance. Such cases, I admit, are the exception, but that they do exist would appear to me a testimonial in favour of irrigation. In my own experience I have not found any increase of shock that could reasonably be ascribed to the lavage, and in one or two cases where I have asked the anæsthetist to make observations, the circulation has improved during the process, as evidenced by the improvement of colour and increase of pulse volume. I therefore believe that in properly selected cases, and with due precautions, lavage of the peritoneal sac is a most important adjunct to the surgical treatment of general peritonitis. I would lay stress on the following points :—

(*a*) That the process be only employed in cases of diffuse peritonitis in which there is reason to believe that either the whole or greater part of the peritoneal sac is involved, and I consider it most strongly contra-indicated in cases of intra peritoneal abscess, and do not myself employ it when I am unable to ascertain the exact condition of affairs.

(*b*) The following details should be observed :—

1. The best fluid would appear to be normal saline solution at a temperature which feels comfortably warm to the hand, that is about 106-108° F.
2. The fluid should not be allowed to run in at any pressure; the irrigator being held about 1-ft. 18-ins. above the abdomen. Care should also be taken that there is free egress for the irrigating fluid's escape.
3. A wide calibre india rubber tube is less likely to damage the often friable intestinal walls than the glass nozzle sometimes employed.
4. Due precautions should be taken to prevent any undue wetting and exposure of the patient.
5. After the irrigation I carefully pass a large marine sponge into the pelvis two or three times and allow it to soak up most of the remaining fluid. I do this in order to avoid having to dress the patient too soon after the operation. Some surgeons prefer to leave a certain amount of saline solution in the abdomen under the belief that it will be absorbed, and act in the same way as intravenous or subcutaneous transfusion. I am not at all satisfied, however, of the absorbent powers of the inflamed peritoneum, and I prefer to rely on intravenous injections of saline.

In cases of general peritonitis for drainage I chiefly rely on the old-fashioned glass tube in the pelvis. The latter appears to play the part of the depression so often seen in old carving dishes into which all the fluids from the joint drain, and unless there is some mechanical obstacle in the shape of matted intestines or omentum I believe the majority of the fluids in a case of general peritoneal inflammation find their way into the pelvis. Although one gets no assistance from gravity the pelvic tube appears to be a very effective drain, forming, as it were, a shaft up which the fluid is forced for a short distance by the slight intra-abdominal pressure which appears to be present even though the abdomen is opened; that such pressure does exist is proved by the tendency of drainage tubes to be extended, and by the occasional escape of intestine. But such pressure is not sufficient to lift the fluid more than an inch or so along the tube, and it is then easily emptied, with only a minimum of disturbance of the dressings, by means of suction; the ordinary glass syringe to the nozzle of which a piece of drainage tube is attached, being the handiest agent.

The infected arrear is, I think, best drained by means of large rubber tubes which are daily carefully wiped out with strips of sterilised gauze, dipped in some mild antiseptic as peroxide of hydrogen. I am guided by the site of the original focus and by the facility with which fluids appear to move about the abdomen, as to the question of draining the flanks, but do not consider it necessary in every case. A small but important detail in the after treatment of these cases is give each tube a slight twist on its axis at each dressing otherwise granulations grow into the lateral perforations of the tube, and I have seen a coil of intestine drawn out of a wound in the attempt to remove the pelvic tube. My own personal experience is quite opposed to what are euphemistically called gauze wicks or drains. The pieces of gauze so employed are I believe supposed to act in the same way as the wick of a lamp, but their meshes became filled with coagulating fluids and all capillary action is checked, and I believe their older name of gauze plugs is a more accurate description of their action. One often reads in the description of their operations by surgeons, who make use of this method of drainage, such sentences as this, "the removal of the gauze drain on the second day was followed by the escape of a drachm or so of purulent serum or actual pus" and I think the frequency with which this phenomenon actually takes place is a sufficient condemnation of their use.

One other possible operative measure remains for discussion. In advanced cases of general peritonitis with paralysis of the intestinal wall, the coils of intestine are distended, and filled with foul fæculent material, such as is seen in cases of acute intestinal obstruction, and the patient in fact suffers from obstruction due to such paralysis. In such a case the indication would appear to be to open a coil of intestine and evacuate as much of this poisonous material as is possible, closing the incision afterwards with a row of Lambert's sutures. In one case where I accidentally did this I am not at all sure that it did not materially conduce to the successful issue. It is on this principle that Dr. McCash, of New York, before closing the abdomen injects 1–2 ozs. of a saturated solution of $MgSO_4$ into the small intestine as high up the jejunum as possible: of this measure I have no experience.

In conclusion, Mr. Low referred to the great liability to circulatory failure following operative treatment, and discussed methods of contending against this danger.

On the one side there is the increased danger of shock to an already collapsed patient, and we are told not to attempt too much, and that "Nature has already, possibly, closed with her kindly lymph and adhesions the perforation for which we are seeking." Certainly some of the most dramatic recoveries of cases of general peritonitis have occurred in cases, apparently in extremis, where the abdomen has been quickly opened, a drainage tube inserted, and nothing further done. On the other hand is the danger of leaving behind a manufactory of poison which will continue to infect the peritoneum and undo what our cleansing and drainage operations may have effected for good. It is the exact position that any surgeon takes up on this question which determines the duration of his efforts to seek and deal with the offending lesion. Personally, I believe that often too much reliance is placed on the rare occurrence of recoveries after simple drainage in cases of general peritonitis. Naturally, such unlooked for successes are almost always recorded, but little mention is made of the numberless failures which must be of daily occurrence. I would therefore suggest that it is of prime importance to remove or remedy the source of infection. We must all, however, recognise that in many cases this is impossible; the time during which such a search may be made is limited by the condition of the patient, and only the surgeon in charge of the cases can decide, from his previous experience, the limits of his operative procedure, having regard to the immediate safety of his patient. I think, then, that that surgeon will oftenest succeed in his search who is most sceptical of the value of simple drainage in general peritonitis.

I should like to quote two cases in my own experience which illustrate the difficulties involved in forming a rightful judgment.

1. A middle-aged man was admitted in February of this year into St. Mary's evidently suffering from general peritonitis of gall-bladder origin. His abdomen was opened, and the peritoneal cavity was found to be filled with a large quantity of bile-stained opaque fluid containing flakes of lymph; a large quantity of this was in the pelvis. The intestines were glued together by recent adhesions. The gall-bladder could not be seen or felt, and evidently lay in a mass of matted intestines which were adherent to each other and to the liver. At the time I came to the conclusion that the man's condition did not warrant the prolonged operative interference which appeared necessary in order to deal with the source of the evil, and I contented myself with washing out the peritoneal cavity and draining the pelvis and gall-bladder area. I am not, however, at all satisfied now that the further progress of the case did not prove me to have been wrong. The man's condition as a result of this partial operative treatment, aided by the careful administration of saline injections and enemata and the exhibition of strychnine, improved considerably, and even for a short time gave me hopes of his recovery, but he died 72 hours after the operation. At the autopsy, a gangrenous gall-bladder was found in which was a large hole, and near which were lying two gall-stones. The gall-bladder was surrounded by adhesions and matted intestines, but was obviously not completely shut off from the peritoneal cavity. Having regard to his improvement and the length of time he lived, I cannot but feel now that by subjecting him to a somewhat greater immediate risk I might have given him a better chance of ultimate recovery.

The second case presents the other side of the question.

A young man in August of last year presented himself at the hospital with what proved to be general peritonitis of doubtful origin. On opening the abdomen it was found to be filled with purulent fluid, which extended to all parts of the peritoneal cavity, and the intestines were everywhere matted together by yellowish lymph. After a brief examination, one could feel comparatively certain that neither the appendix, gall-bladder, stomach, or duodenum was the source of infection. I then gave up the search, washed out the abdomen with hot saline solution, and drained his pelvis and both loins. He lived for eight hours, and at the post-mortem it was only after a lengthy search that Dr. Broadbent was enabled to ascertain that there was a perforation of a large ragged typhoid ulcer in the ileum about three feet from the cæcum, and I think I may fairly say that it would have been impossible to discover this during the patient's life.

I now pass on to the question of cleaning out the peritoneal cavity, and it is here that is found the chief difference of procedure in the practice of various surgeons. The main point of difference is the employment or not of irrigation of the peritoneal cavity with hot saline solution or boiled water. On the one hand are those who contend that lavage of the peritoneal cavity may spread infection to areas hitherto free, and that the damping of the patient's surface, inseparable from the process of irrigation, with its consequent loss of heat by evaporation, tends to increase the shock. Such surgeons content themselves with carefully cleansing the abdominal cavity with sponges, or more usually nowadays, sterilised gauze. On the other hand are those who believe that in irrigation we possess the most effectual, and at the same time least mechanically irritating method of cleansing the peritoneal sac, and to this latter class I must confess I belong.

I cannot but think that possibly the prejudice against irrigation is partly a remnant of an old controversy that was once waged on the question of washing out the peritoneal cavity as a routine practice in every laparotomy, for which, now-a-days, there is no defence; and it is also partly due to its injudicious use in cases of localised suppurative peritonitis, and on this point I have already dwelt.

The principle of lavage as the best method of disinfecting septic cavities would appear to be established in such instances as the stomach, bladder, and knee-joint, while there are many who would balance the advantages of continuous irrigation or baths for septic wounds against the mechanical inconvenience of such methods of treatment. Possibly there is no method of obtaining absolute cleanliness of such a complex cavity as the peritoneal sac, but the change wrought in a foul case of suppurative peritonitis by 5–8 minutes'

irrigation with hot saline solution is certainly most striking, and in a few cases I have been agreeably surprised to find the fluid collected in the pelvic drain at the first dressing to be clear and almost colourless serum, and pus has never again made an appearance. Such cases, I admit, are the exception, but that they do exist would appear to me a testimonial in favour of irrigation. In my own experience I have not found any increase of shock that could reasonably be ascribed to the lavage, and in one or two cases where I have asked the anæsthetist to make observations, the circulation has improved during the process, as evidenced by the improvement of colour and increase of pulse volume. I therefore believe that in properly selected cases, and with due precautions, lavage of the peritoneal sac is a most important adjunct to the surgical treatment of general peritonitis. I would lay stress on the following points :—

(*a*) That the process be only employed in cases of diffuse peritonitis in which there is reason to believe that either the whole or greater part of the peritoneal sac is involved, and I consider it most strongly contra-indicated in cases of intra peritoneal abscess, and do not myself employ it when I am unable to ascertain the exact condition of affairs.

(*b*) The following details should be observed :—

1. The best fluid would appear to be normal saline solution at a temperature which feels comfortably warm to the hand, that is about 106-108° F.
2. The fluid should not be allowed to run in at any pressure; the irrigator being held about 1-ft. 18-ins. above the abdomen. Care should also be taken that there is free egress for the irrigating fluid's escape.
3. A wide calibre india rubber tube is less likely to damage the often friable intestinal walls than the glass nozzle sometimes employed.
4. Due precautions should be taken to prevent any undue wetting and exposure of the patient.
5. After the irrigation I carefully pass a large marine sponge into the pelvis two or three times and allow it to soak up most of the remaining fluid. I do this in order to avoid having to dress the patient too soon after the operation. Some surgeons prefer to leave a certain amount of saline solution in the abdomen under the belief that it will be absorbed, and act in the same way as intravenous or subcutaneous transfusion. I am not at all satisfied, however, of the absorbent powers of the inflamed peritoneum, and I prefer to rely on intravenous injections of saline.

In cases of general peritonitis for drainage I chiefly rely on the old-fashioned glass tube in the pelvis. The latter appears to play the part of the depression so often seen in old carving dishes into which all the fluids from the joint drain, and unless there is some mechanical obstacle in the shape of matted intestines or omentum I believe the majority of the fluids in a case of general peritoneal inflammation find their way into the pelvis. Although one gets no assistance from gravity the pelvic tube appears to be a very effective drain, forming, as it were, a shaft up which the fluid is forced for a short distance by the slight intra-abdominal pressure which appears to be present even though the abdomen is opened; that such pressure does exist is proved by the tendency of drainage tubes to be extended, and by the occasional escape of intestine. But such pressure is not sufficient to lift the fluid more than an inch or so along the tube, and it is then easily emptied, with only a minimum of disturbance of the dressings, by means of suction; the ordinary glass syringe, to the nozzle of which a piece of drainage tube is attached, being the handiest agent.

The infected arrear is, I think, best drained by means of large rubber tubes which are daily carefully wiped out with strips of sterilised gauze, dipped in some mild antiseptic as peroxide of hydrogen. I am guided by the site of the original focus and by the facility with which fluids appear to move about the abdomen, as to the question of draining the flanks, but do not consider it necessary in every case. A small but important detail in the after treatment of these cases is give each tube a slight twist on its axis at each dressing otherwise granulations grow into the lateral perforations of the tube, and I have seen a coil of intestine drawn out of a wound in the attempt to remove the pelvic tube. My own personal experience is quite opposed to what are euphemistically called gauze wicks or drains. The pieces of gauze so employed are I believe supposed to act in the same way as the wick of a lamp, but their meshes became filled with coagulating fluids and all capillary action is checked, and I believe their older name of gauze plugs is a more accurate description of their action. One often reads in the description of their operations by surgeons, who make use of this method of drainage, such sentences as this, "the removal of the gauze drain on the second day was followed by the escape of a drachm or so of purulent serum or actual pus" and I think the frequency with which this phenomenon actually takes place is a sufficient condemnation of their use.

One other possible operative measure remains for discussion. In advanced cases of general peritonitis with paralysis of the intestinal wall, the coils of intestine are distended, and filled with foul fæculent material, such as is seen in cases of acute intestinal obstruction, and the patient in fact suffers from obstruction due to such paralysis. In such a case the indication would appear to be to open a coil of intestine and evacuate as much of this poisonous material as is possible, closing the incision afterwards with a row of Lambert's sutures. In one case where I accidentally did this I am not at all sure that it did not materially conduce to the successful issue. It is on this principle that Dr. McCash, of New York, before closing the abdomen injects 1–2 ozs. of a saturated solution of $MgSO_4$ into the small intestine as high up the jejunum as possible: of this measure I have no experience.

In conclusion, Mr. Low referred to the great liability to circulatory failure following operative treatment, and discussed methods of contending against this danger.

Notes.

We are desired by our acting financial manager to remind subscribers politely but firmly that their subscriptions are now due. To those who are not subscribers (because when a gentleman has not paid his subscription for four or five years he can hardly be called a subscriber) we would timidly suggest that a contribution in the shape of conscience money will be kept quite anonymous.

We are very glad to see from a recent number of the *London University Gazette* that Mr. W. L. Symes has been temporarily appointed Scientific Assistant in Physiology, Demonstrator in the Physiological laboratory of the University.

In the recent competition for commissions in the Indian Medical Service, Mr. S. Whitworth Jones took the 7th place, Mr. McCowen the 9th, and Mr. Finlayson the 14th. There were twenty vacancies and forty-two candidates.

In the examination for the Army Medical Service held shortly after, Mr. Le Bas was 8th, Mr. W. F. Vaughan 19th, and Mr. Milner Moore 23rd.

Rumour says that some difficulties were raised as to passing Mr. Le Bas in the physical examination, but the fame of his vocal capacities carried him through. Thus do our virtues blossoming unseen raise for us flowers in the fields of life. Who among us knew Johnny the singer? Can it be they confused him with his brother officer?

After the appearance of the last number of the GAZETTE several gentlemen were overheard to remark that it was a pity the Editor's appendicitis was not chronic. Personally we do not feel in complete sympathy with that desire. It can hardly be expected that we should. But we fully share the regret of many that success in another sphere of life should have temporarily deprived us of one of the best sub-editors who ever devilled for a magazine.

The scene at the railway station when Rous took his departure for the sunny south coast was one to be long carried in the memory. The entire staff of the GAZETTE was of course present—excepting one who was prevented by convalescence from being there. Other people, who had but a poor idea of the importance of the occasion, were hovering around wondering what was going on. In fact the platform "presented an animated spectacle" (if we may be allowed to coin a phrase). Presently the rumbling of trolleys was heard, and a flock of porters appeared with boxes and cases of all descriptions containing the mystic instruments of the poet's art. Behind them soon came, accompanied by his Muse, the sub-Editor himself, in his keen and energetic way tripping (over a portmanteau) along the platform, which was for the occasion thickly carpeted with dust. The Locum, stepping forward, introduced him to his carriage, which was beautifully decorated with a map of the south of England labelled somewhat mysteriously "To Seat Five Persons." At this point—when everything was ready and the sub-Editor was addressing a few farewell phrases before entering the train—the Muse attempted to soar; with ungloved hand an attitude was struck, and we thought for the moment that there would be an unfortunate incident. But the whistle shrieked shrill in our ears, and our good friend was hustled into his carriage with a reduplicated first and promises to send us much lively verse in his own inimitable style —and in another moment he had gone.

As becomes a good journalist in these days we sought out the Oldest Inhabitant of the neighbourhood who said "he had never seen anything like it before." But he said it so mechanically (and we suppose they must get tired of saying it) that it failed to satisfy us, and we left the station finding the world the wearier for our Bart's departure, and we are happy to think that —now, at all events—our feeling will be echoed by many readers.

It is with great pleasure that we call the attention of all readers of the GAZETTE to the proposed presentation to Mr. Symes, who for the last fourteen years has had so much to do with the teaching of Physiology at St. Mary's. We feel sure that to all his old pupils this opportunity of showing how much they appreciated the care and labour he took over all the work connected with the Physiological Department of the School will give pleasure. At the same time we wish Mr. Symes every success in his new post at the University of London,

---

By the time that this number is published Dr. van Praagh will have relinquished the post of Casualty Physician, which he has held for two years. Although not much heard of—for he is at work when everyone else is at lunch—the Casualty Physician does most useful work, and his office is one of no light responsibility, and indeed the smooth working of the over-taxed Out-Patient Department depends very largely upon him. From the Students' point of view, however, Dr. van Praagh will be most missed for the teaching he has given on the many occasions on which he has taken medical out-patients, and we who have listened to him regret that his term of office has come to an end.

Through the Will of the late Mr. Dresden there will probably come in course of time quite a large sum to the Hospital. The most of the money is to be earmarked for special purposes, and must not be spent on Hospital building, furnishing, or equipment, and we are glad to see that a substantial sum is to be devoted to helping the poor and needy patients when they leave the Hospital. How valuable such a fund will be, and how necessary it is, only those intimately connected with the working of the Hospital can really know.

Hitherto this kind of work has been in the hands of the St. Mary's Aid Society, of which Mrs. Russell Cooke is president. But within the last few weeks an Association has been founded to be called "The St. Mary's Hospital Ladies' Association," which has for its object the provision of clothing for patients in the Hospital. The first meeting of this Association of the ladies connected with the Hospital was held some time ago at 22, Weymouth Street, and meetings are to be held once a fortnight from 3 till 5 p.m. Any lady connected with the Hospital who desires further information should apply to Mrs. Lees, at 22, Weymouth Street, or to Mrs. Silcock, at 52, Harley Street.

We understand that Mrs. Field has undertaken to start a branch in connection with the Association at Ealing.

The South African Memorial Committee have very carefully considered the form the Memorial should take. They find that there is no window either in the old or the new building which would at all lend itself to adequate treatment, and they have been therefore compelled to abandon the original idea of stained glass. It is probable that the actual Memorial will be a bronze bas-relief by one of the best-known younger British Sculptors whose work is one of the attractions of the present show at the New Gallery, and who is a favourite pupil of the greatest of living Sculptors, Monsieur Rodin. The Committee hopes, however, to secure the co-operation of the Authorities in making this Memorial part of a general scheme of treatment of the Entrance Hall of the Clarence Wing which will greatly enhance its appearance and dignity.

We are very glad to see that Mr. Juler's Text Book has appeared. We hope to review it in an early issue, but meantime we might call attention to one feature in which it excels all the other Manuals of Diseases of the Eye published in this country, and that is the excellence of the illustrations.

We congratulate the St. Mary's Chess Club on being once more. We remember that the London Intermediate ploughed up the ranks of those who formerly were wont to unbend their minds over medicine after fierce chess battles over in "Goldsmith's," since when, for a matter of some years, the Chess Club has been *non est*. A new start has now been made with a stirring call to an

Emergency Meeting! Further, the officers of the Club have been elected at a later meeting at which Dr. Harris took the chair, and it is hoped that the Hospital will be represented at the Inter-Hospital Tournament. We wish the team every success: may they "Q—K8 and mate in three moves!" (Chess idioms are not our strong point, but we mean well.)

Of how there did be a monstrous light Monday: a Quite-so story (*with apologies*).

And there was the new 'lectric light and an inquiry. And they did think that ten o'clock in the morning, when the sun shines bright-an'-all, to be quite the most suitablest time for to test efficacy (which is a most 'straordinary thing, something between 'lluminating power and accuracy of meter). So they did give amazin' careful 'structions for one most particular morning for to turn all the lights on. (Sign please, if you *quite* understand.) And when this most special ten-o'clock-in-the-morning did come, it did fog a great number-one-sized big fog, which was black, with some yellownesses—phew! just like that—all over everything. And so they did say it wasn't anything like proper weather for efficacies—but someone did say quite secretly that it was a Mock—which is a grown-up word with a wide distribution, and is at Hastings now. And so all the amazin' careful 'structions was postponed to the next 'vailable ten o'clock which did come along with a fine Monday (and you *did* understand, didn't you?). And this time, click, click, click, and all everything was in blazes, and it *was* nice, 'cause you could see the ten o'clock thermometers (which are funny little things what go up when you are dreffu sick-an'-ill, and which commit suicide all over the floor before you know where they are), which is one of the most usefullest things that anybody *can* do. And so the efficacy was tested without uninconveniencing anybody very much—and they do say that it was found to be most satisfactory, which is just what everybody does hope. Oh! but it was gay with all the lights all everywhere, though it did make us feel wicked-proud of ourselves and our newnesses.

Seriously, though, we should like to express our gratitude for the new light. Now that it is permeating into the House-men's rooms even the least clinical of us begin to feel its advantages. To those working in the wards its benefits are enormous: fancy being able to *see* how to dress a screen-case at night! And to the Institution the saving must be considerable in one item alone—that of soap, as so much of that material was diverted from its primitive use in attempts to prevent the leakage due to the arthropathies of the gas brackets.

With this number will be found the Half-yearly Report of the London & County Banking Co., the Hospital Bankers.

A strong man struggling in adversity has always been a sight for the Gods. The Rugger Club has so far emerged triumphant in its struggles against the adverse fates and the opponent teams. Despite the rival attractions of beds in the surgical wards, it has turned up on the field in full strength in the first two ties for the Cup and on each occasion has emerged victorious though not scatheless. We wish them like success on the 26th of this month, and provisionally, on March 2nd.

The Resident Anæsthetist has been defined as a man who spends his leisure hours which are many, in devising excuses for getting off his working hours which are few. This remark surely must have been made before the coming of the present (or late) Sir Tristram.

The St. Mary's Lodge is growing ever in prosperity. The recent change in the venue and the resulting (and more important) change in the menu will doubtless add to its popularity. Certainly it is a change for the better.

We are glad to see that Louwrens is playing so frequently for Middlesex and playing so well. He certainly is a tower of strength to the Hospital Team.

There is a certain grim meaning in the notice board displayed near the ground of the Richmond Athletic Club. "This Way to the Football Ground and Hospital."

Printed elsewhere will be found verses addressed "To a Timid Leech"; they are from a delightful little book published some thirty years ago. Anxious as ever for the artistic tone of the hospital, we felt that such a poem must be reproduced, so that those whose part it is to urge these dear beasties to fulfil the duties to which they are called, may be enabled to do so in as poetical and polished a manner as possible.

In order to enter for the new Inter-Hospital Competition, a St. Mary's Hockey Club has been started, thanks to the interest shown by Mr. Juler. Our club is drawn against Bart.'s, and the match is put down for February 12th.

J. M. Rahilly, who is acting as Secretary, hopes to be able to fix matches with other clubs, and would be glad if any further men wishing to play would communicate with him.

We are sorry that we cannot this month give a report of Dr. Wright's most interesting and valuable address on "Therapeutic Inoculation." A difficulty has arisen owing to the fact that, according to the Professor, among the many problems to which he has devoted his attention in few has he met with so poor a measure of success as in that of attempting to unravel the mysteries of his own handwriting, remaining so far to a large extent baffled by the "intricacy of its flexuosities" (oh! let us never forget our Cunningham!). We hope, however, in a future number to make amends, as one of the Secretaries of the Medical Society has promised to be a good "opsonine" [Ask the New Sub-Editor!—ED.] and to "prepare a pabulum" for our readers' ingestion.

It is in some quarters the fashion to sneer at patent medicines, and to say that their action is *nil*, but this view seems untenable in the face of the following testimonial to some "Gout Pills":—

"IN TWO OR THREE DAYS AFTER TAKING YOUR PILLS MY WIFE WAS QUITE WELL AGAIN."

One could wish, however, that it were more definitely stated whether the lady recovered from an attack of gout or from the effect of the pills.

General regret will be felt at the retirement of Sister Neale, who for nearly three years held with great success the post of Theatre Sister. The work of the Theatre is being carried on by Nurse Dear, who was for a considerable time Staff-nurse under Sister Neale.

The Manvers and Beverley Wards which were closed shortly before Christmas were opened again last month and are under the management of Acting-sister Goodair.

Symes Presentation Fund.

It is proposed to make a presentation to Mr. W. L. Symes on his retirement from the Teaching Staff, as a mark of personal regard, and in recognition of his services as a teacher in the Physiological Department during the past fourteen years.

Subscriptions (not exceeding one guinea in amount) are invited, and may be sent to the Treasurer, Dr. H. A. Caley, or either of the Hon. Secs. Dr. R. W. Dodgson, Mr. E. L. Ash, and Mr. J. N. Kilner, former associates of Mr. Symes in the Physiological Laboratory, have also expressed their willingness to receive any contributions to the fund.

It is proposed that the subscription list shall remain open until March 31st.

J. H. WELLS, B. H. SPILSBURY, } Hon. Secs.

St. Mary's Hospital,
February 8th, 1904.

Recent Appointments.

CASUALTY PHYSICIAN.

Dr. Wilfred Harris has been appointed to the post of Casualty Physician, in succession to Dr. Van Praagh. Readers of the GAZETTE, and St. Mary's men in general, know Dr. Harris so well that it would be useless for us to detail here his many qualifications. We congratulate the Hospital on having secured him for this post.

DEMONSTRATOR OF CHEMISTRY.

Mr. H. S. Chate, B.Sc., has been appointed to fill the newly-created post of Demonstrator of Chemistry. Mr. Chate, though a comparatively young member of the Hospital, has recently taken first-class honours in the London B.Sc. He gained an Entrance Scholarship in 1902.

Meddygon Myddfai; or, Gleanings from Cymric Medicine.

(An impression left behind after the meeting of the British Medical Association at Swansea, July, 1903.)

One of the most interesting of the old Welsh manuscripts, which have been preserved for centuries, is that which was translated for the Welsh Manuscript Society some forty years ago, and published for the members of the society under the title "Meddygon Myddfai" (pronounced "Methyggian Muthvy"), or "The Physicians of Myddfai." This consists of a collection of prescriptions used by these ancient leeches, and which tradition affirms to have been miraculously taught to an ancestor of theirs, Rhiwallon, seven hundred years ago. The story of the origin of these old mediciners and of their healing arts is enshrined in a beautiful legend, incorporated in the same translation, and which was rendered doubly interesting to the present writer, who sojourned for three weeks last summer in the neighbourhood of Myddfai. In his host's dining-room hung a portrait of his ancestor, Rhys ab Gruffyd (Rice, the son of Griffith), prince of South Wales, and mentioned in the book as the patron of the founder of the Physicians of Myddfai; while an expedition made one day to the Lynn y Van Vach, the home of the Lady of the Lake, and the scene of the legendary wonder, seemed to bring nearer the possibility of the truth of the ancient story. It is a wild and romantic spot, no doubt much the same as it was before the first Edward subjugated Wales. The lake is hidden in a curve under one of the highest peaks of the Caermarthenshire Vans, or Black Mountain, which rises some 2,500 feet, and it is extremely deep, being popularly supposed to be absolutely without bottom, and to have been formed in the crater of an extinct volcano. A larger lake lies on the other side of the highest of the Vans, whence rises the river Usk—the river which flows past mystic Caerleon, the black water which bore the dead Elaine in state to Camelot, where Arthur and his Table Round, the great Sir Lancelot, and Guinevere, beautiful, but forsworn, kept stately court in the great days of old. The stream which, perhaps, holds to this day in its reedy depths the famous diamonds, found by Arthur, and won in nine years' tourney by Sir Lancelot for Queen Guinevere, who, mad with jealousy of the lily maid, dead, unknown to her, flung them far in the river:—

"Flung them, and down they flash'd, and smote the stream.
Then from the smitten surface flash'd, as it were,
Diamonds to meet them, and they past away.
Then, while Sir Lancelot leant, in half disdain,
At love, life, all things, on the window ledge,
Close underneath his eyes, and right across
Where these had fallen, slowly past the barge
Whereon the lily maid of Astolat
Lay smiling, like a star in blackest night."

From the smaller of the two lakes rises the little river Sawdde, a famous stream for trout, but little fished on account of the woods and trees which overhang it. The lake itself is an eerie, lonely place, especially at night; and the croakings of the ravens and carrion crows which breed in the cliffs surrounding it, and the moaning of the wind as it sweeps echoing round the rocky shore, seem to make less improbable the old legend of the Lady of the Lake. According to this, a young herdsman of Blaensawdde, a farm at the foot of the Vans, when idling one day by the edge of the lake, suddenly saw a beautiful maiden rise to the surface of the water. Falling in love with her at sight, in the chivalrous way of olden times, he at once besought her to come to the shore, and to become his wife. Smiling, she disappeared, but returned to his delighted vision three days later. Again he begged of her to marry him, and, though she approached him a little nearer, again she disappointed him. Two days afterwards, his prayers prevailed, she stept on shore, and they plighted their troth. Return she must, however, with the promise of becoming his wife, if her father should give consent. Next day, while the young lover waited, the father appeared to him from the lake, bringing with him two beautiful maidens, each the exact image of his plighted love, and said to him, if he could choose his real betrothed, not only might he marry her, but he would dower her with as many cattle, horses, sheep, and goats as she could count of each in one breath. The farmer was sore perplexed, and could not possibly tell which was the girl he loved, until she, to help him in his difficulty, flirted her foot beneath the hem of her skirt, a mannerism he remembered. So they were wed, and she, a girl of parts indeed, brought wealth to him by adopting the method of counting one, two, three, four, five, as rapidly and as many times as she could in a breath, reaching thus a much larger total than if she had attempted the ordinary method of counting straight ahead. On one further condition only were they married: that, if he ever struck her, at the third blow he should lose her, and she must forthwith return to her father's home in the depths of the Lynn. Happiness was theirs, and sons and daughters too; but the fateful prophecy was fulfilled through his tapping his wife on the arm to draw her attention to a strange black bird, the pioneer of the ravens of the pool, that was flying towards them. This was the third time he had done so, in spite of being warned, and immediately she disappeared from his sight, and was never seen again, save once, when she came up from the icy depths of the lake and met her three sons, giving them as a farewell gift a mystic casket, full of magical prescriptions and instructions in the virtues of various plants and herbs. In order that their knowledge should not be lost, they wisely committed the prescriptions to writing, for the benefit of mankind throughout all the ages, and they were for centuries after used by their descendants at Myddfai, a village some two miles away from the lake. Rhiwallon, the eldest of her sons, became physician to Rhys ab Gruffydd, Prince of South Wales, about A.D. 1200, and the last of the Physicians of Myddfai, John Jones, died in 1743.

Meddyginiaeth, or Medicine, numbers as one of the nine rural arts, which were known and practised

by the ancient Cymri before they became possessed of cities and a sovereignty. It was practised by the priests before the time of Prydain ab Aedd Mawr, which is generally dated about 1,000 years B.C. The most ancient physicians we read of in history were those who embalmed the patriarch Jacob by order of his son Joseph. Moses styles these physicians as servants to Joseph, and not as priests (Genesis, ch. 50). In Egypt, the practice of religion and of medicine were not combined in one profession. That the Jewish physicians, as a class, were absolutely distinct from the priests is also very certain, for, when King Asa was diseased in his feet, "he sought not to the Lord, but to the physicians" (II. Chron. xvi. 12). The next verse, however, goes on: "And Asa slept with his fathers, and died in the one-and-fortieth year of his reign." It would appear from this dry statement that the physicians' art of those days was no more infallible than it is at the present day. One comfort, however, some of us may take from the reflection that, in all probability, King Asa really called in a surgeon, and not a physician, for the disease in his feet—perhaps, even, an orthopædic surgeon, and that the implied reproach to the physicians' art is really due to an error of discrimination on the part of the translator.

The great Cymric legislator, Dyvnwal Moelmud, flourished about the year 430 B.C., and in his laws, medicine, commerce, and navigation are styled "the three civil arts," each having its peculiar corporate privilege, which privilege is stated to be "by the grant and creation of the lord of the territory, authenticated by the judicature, and distinct from the general privileges of a country and kindred." Medicine appears at that time to have been protected and encouraged by the State, a condition of things which makes one's mouth water to think of in these degenerate days. Hippocrates, the so-called Father of Physic, flourished somewhat later, about 400 B.C., and his teachings were later much admired by the physicians of this country, and his prescriptions are often referred to by the Physicians of Myddfai. The Druids knew some physiology and practised medicine, combining now the priest and physician in the one profession. The mistletoe was held as sacred by the Druids, and especially so when it grew upon an oak, though it was far commoner upon an apple tree. They endowed it with numerous healing arts and virtues, and it was gathered with great ceremony at certain seasons by the Arch Druid, cutting it with a golden sickle. The word "mistletoe" meant "all-heal," and its use was reputed to be efficacious in cases of general debility, nervous complaints, brain fever, rheumatism, affections of the heart (whether psychical or physical is not stated), liver, bowels, kidneys, spine, epilepsy, paralysis, and insanity. We further learn from their writings that "It will strengthen the sight and hearing, and all the bodily senses, prevent barrenness, and whosoever takes a spoonful (size not stated) of this powder in his ordinary drink once a day, shall have uninterrupted health, strength of body, and manly vigour." There is an appealing confidence in their language in praise of the virtues of this wonderful elixir and panacea that puts altogether in the shade any modern advertisement of a quack proprietary medicine.

In the sixth century, A.D., Taliesin, the Chief of Bards, enunciated the Elements of Man, as follows:—"Man consists of eight parts: the first is the Earth, which is sluggish and heavy, whence is the flesh. The second is the Stones, which are hard, and these are the materials of the bones. The third is Water, which is moist and cold, and is the substance of the blood. The fourth is Salt, which is briny and sharp, whence are the passions and the faculty of feeling in respect of corporeal sense and perception. The fifth is the Air, or Wind, whence is the breath. The sixth is the Sun, which is clear and fair, whence is the fire, or corporeal warmth, and the light and colour. The seventh is the Holy Spirit, whence are the soul and life. The eighth is Christ, that is, the intellect and wisdom, and the light of the soul and life. If the part of Man that preponderates be of the Earth, he will prove unwise, sluggish, and very heavy, and will be a little, short, thin dwarf, or a giant, according as the preponderance may be, whether great or small. If it be of the Air, the man will be light, unsteady, garrulous, and given to gossip. If of the Stones, he will be hard of heart, understanding and judgment, a miser and a thief. If of the Sun, he will be a man of genius, affectionate, active, docile, and poetical. If of the Holy Ghost, he will be godly, amiable, and compassionate, of a just and tender judgment, and fond of the arts and sciences. In the era of Howel the Good, A.D. 930, some of the laws made in his reign refer specially to the mediciner of the Royal Court, or Physician-in-Ordinary to the King, as we now style him. We are told that "His food daily is worth one penny half-penny. His fee for letting blood, fourpence. His fee for one of the three dangerous wounds, viz., a stroke on the head unto the brain; a stroke in the body unto the bowels; and the breaking of one of the four limbs; for every one of these three dangerous wounds the mediciner is to have nine score pence and his food, or one pound without his food, and also the bloody clothes. The mediciner is to take an indemnification from the kindred of the wounded person, in case he die from the remedy he may use; and, if he do not take it, let him answer for the deed." This seems a most humane and indeed generous safeguard for the physician, as we shall presently see when we read what were the prescriptions used afterwards by the Physicians of Myddfai. We are then further informed "If the mediciner was insulted while inebriated, he was not entitled to compensation, as he knew not at what time the king might want his assistance." Imagine the heads of our profession receiving their Court appointments nowadays on this condition!

The Essentials of a Physician,

as recorded in this ancient manuscript, consist of the following items:—

1. A lancet; also a knife somewhat larger.
2. A steel or silver spatula, to spread plaster.
3. A pipe and bladder, in order to inject to the urinary organs or rectum.

4. His plasters, his ointments, his pills, his powders, his potions, carefully preserved to meet any demand and occasion.
5. He should keep about home as much as he can, so that he may be found when wanted.
6. He should carefully keep all professional secrets, nor should he divulge them on any account, to any man, nor on any consideration.
7. He should also be declared competent to practise by authority of the wise and learned masters of the art.
8. He should be skilled in all professional acquirements, and should know the complexion and sign of every feminine disease. He should be able to examine the sick, whether man, woman, boy, or girl, in regard to age, constitution, sex, and that in a mild, gentlemanly way, both as to address and voice.

The following is a selection of some of the prescriptions of the Physicians of Myddfai, which require only to be studied to demonstrate their remarkable potency. Epilepsy, or the falling sickness, the *morbus sacer* of the ancients, seems to have been nearly as common then as now, judging from the several prescriptions for its cure. No. 54 is a good example :—

For falling fits.—"Burn a goat's horn, directing the smoke upon the patient, and in consequence of the smell he will forthwith arise. Before he has risen from the ground apply dog's gall upon his head, and that disease will not attack him any more."

After reading this, one is tempted to doubt whether hysteroid fits or even malingering was not commoner than true epilepsy. Whoever has smelt the fetid smell of burning horn, and a goat's horn at that, will readily understand how a sufferer from one of the former class of fits will be induced to "arise," and that quickly. However, that is not enough—he must be prevented from doing it again ; and they seem to have found that pouring dog's gall on his head, before he had a chance to get away, was a sufficient deterrent. It certainly sounds nasty enough.

No. 645 is another recipe for the same disease, perhaps more suitable for the genuine variety .—

"Take the mistletoe of the oak, and put in an unglazed earthen pot, cover it well, and set it on a slow fire, but not too near ; dry the herb till it can be powdered, being careful that it does not burn ; reduce to powder, and give to the patient in every drink and food he partakes of. Make, also, a mass as big as a pigeon's egg thereof with honey, and give to the patient between his meals, and continue this practice for nine weeks."

From the amount of mistletoe the patient had to swallow daily, it is clear that homœopathic principles did not enter into their practice.

Some stringent rules for the guidance of the surgeon, which we now see broken every day, are contained in No. 177 :--

"There are three wounds of membrane which the surgeon should not meddle with : even the membranes of the brain, a wound of the intestines, and the urinary bladder, for they should be left to God ; nevertheless, they will be frequently healed, as is often the case in men wounded in battle. Neither food nor drink should be allowed such patients, save sweet milk and woman's milk."

No. 132. *An ointment for general use.*– "Take a gander's fat, the fat of a male cat, a red boar's fat, three drams of blue wax, water-cress, wormwood, the red strawberry plant, and primrose, boil them in pure spring water, and, when boiled, stuff a gander with them, and roast them at a distance from the fire. The grease issuing from it should be carefully kept in a pot. It is a valuable ointment for all kinds of aches in a man's body, and is like one that was formerly made by Hippocrates. It is proved."

No. 205 should be a useful recipe, if it would work :—

To know whether a patient will live or die.—"Take breast milk where a boy is nursed, and some of the urine of the sick person. Drop the milk from the end of your finger to the urine ; if it remains on the surface of the urine, the sick person will live ; if not, he will certainly die."

Possibly as satisfactory prognoses might be made by using the more modern instrument for taking the specific gravity of the urine.

No. 215. *For a wart.*—"Take an eel, cut its head off, anoint the parts where the warts are situated with the blood, and bury the head deep in the earth ; as the head rottens, so will the warts disappear."

No. 299 might perhaps be tried with advantage on some of the chronic ulcerated legs of the out-patient department :—

For an ill-conditioned ulcer.—"Take good cheese, pound it carefully, mixing therewith some clear honey ; anoint it frequently with this, and cover it with cabbage-leaves. This will cleanse it in three days, for it is excellent."

At first sight, to a mere ignorant modern, this sounds a terrible waste of good food.

For a carefully-thought-out monomania, No. 351 is hard to beat, and might have come from Hanwell :—

For spasms.—"Take 16 figs, 69 bees, and remove the heads, legs, and wings away, reduce the bees to a powder, and add to the figs, with as much honey as may be needful, pound the whole together, and make into pills of the size of haws ; let the patient have one at the commencement of the spasm, another smaller in the end. Meanwhile he should be kept walking about. This treatment should be perseveringly followed till the patient recovers."

There is a delicate irony about this last direction, which provides the mediciner with a ready answer should he be blamed for the treatment having failed : that it was not persevered in long enough. In contrast to the former, No. 668 is short, to the point, and really efficacious :—

For sleeplessness.—"Boil poppy-heads in ale ; let the patient drink it, and he will sleep."

No. 695 is evidence that the practice of massage was thought to be beneficial in paralysis many hundred years ago :—

For paralysis.—"Rub your whole body with oil

of olives once a day, and scrub it well. Then anoint the nape of the neck and spine as far as the sacrum with warm honey, scrubbing well. The whole body should then be rubbed soundly, and the patient should go to bed and cover himself well until he perspires. When the perspiration has ceased, go to the seaside, and wear flannel about your back and chest. This plan, with God's help, will cure you."

No. 803 ought to prove really useful at the Old Bailey :—

To oblige a man to confess what he has done.—"Take a frog alive from the water, extract his tongue, and put him again into the water. Lay this same tongue upon the heart of a sleeping man, and he will confess his deeds in his sleep."

This charm, apparently, from the wording, does not apply to a woman; whether because women in those days were never wicked, or because the charm was not potent enough to overcome their natural secretiveness, is not stated.

One more, and I have done.

No. 188. *For deafness.*—"Take ram's urine, the oil of eels, the house leek, the juice of traveller's joy, and a boiled egg; let him mix and drop into the ear little by little, and it will cure him."

We commend this to the Aural Department for intractable cases.

The general run of the prescriptions is fanciful in the extreme, and betrays the popular desire for mystification, which is a characteristic, not unknown, of the public at the present day. Shakespeare gives an instance of this same belief in complicated charms when he makes the witch in Macbeth declaim—

"Fillet of a fenny snake,
In the cauldron boil and bake :
Eye of newt, and toe of frog,
Wool of bat, and tongue of dog,
Adder's fork, and blind-worm's sting,
Lizard's leg, and owlet's wing,—
For a charm of powerful trouble,
Like a hell-broth boil and bubble."

W. H.

To a Timid Leech.

Nay, start not from the banquet where the red wine foams for thee—
Though somewhat thick to perforate this *epidermis* be;
'Tis madness, when the bowl invites, to linger at the brink;
So haste thee, haste thee, timid one. Drink, pretty creature, drink!

I tell thee, if these azure veins could boast the regal wine
Of Tudors or Plantaganets, the draught should still be thine!
Though round the goblet's beaded brim plebeian bubbles wink,
'Twill cheer and not inebriate. Drink, pretty creature, drink!

Perchance, reluctant being, I have placed thee wrong side up,
And the lips that I am chiding have been farthest from the cup.
I have waited long and vainly, and I cannot, cannot think
Thou would'st spurn the oft-repeated call: Drink, pretty creature, drink!

While I watch'd thy patient struggles, and imagined thou wert coy,
'Twas thy tail, and not thy features, that refused the proffer'd joy.
I will but turn thee tenderly—nay, never, never shrink—
Now, once again the banquet calls: Drink, pretty creature, drink!

HENRY S. LEIGH
(*Carols of Cockayne*).

St. Mary's Hospital Chess Club.

A General Meeting of the Chess Club was held on Monday, February 1st, in the Students' Club.

Dr. Harris, who was in the chair, expressed the pleasure he felt in presiding at the meeting. They all knew how the old Chess Club had dwindled into obscurity, and it was in the hope of reviving interest in the game and of raising a strong team to represent the Hospital that this meeting had been called. He wished them every success in their new start.

The following officers were then elected :—

President ...	... Dr. Harris.
Vice-President	... H. G. Sievewright.
Hon. Secretary	... A. S. Webley.
Committee	... J. H. Clarke.
	... E. H. Kettle.

The Secretary, in moving a vote of thanks to the Chairman, said that they were very gratified at the interest Dr. Harris had evinced. The Club was starting strong both in talent and numbers, though he could not as yet promise them many matches. He hoped, however, soon to arrange a tournament amongst the members which would greatly help in the selection of a team for the inter-hospital matches.

It is hoped that some room may be obtained in the Hospital for the use of the Club for home matches; the disadvantages of playing these matches outside the Hospital are many and obvious.

The Medical Society.

A meeting was held in the Library on January 13th, the President, Dr. Poynton, in the chair. Eighteen members were present. Dr. van Praagh read a paper entitled "Is English Medical Treatment too Conservative?"

Dr. van Praagh dealt with the question on broad lines, citing as examples the uses of certain drugs, *e.g.*, opium and digitalis, diet in disease, surgical technique, and the application of local anæsthetics. In conclusion, these examples illustrated a tendency

to routine treatment and a fear of departing from it which was characteristic of English medical practice, and which justified an affirmative answer to the question.

In the discussion which followed, Dr. Ofenheim gave an account of the employment of local anæsthesia in major operations on the Continent, and Dr. Dodgson described some treatments of typhoid which he had seen in South Africa.

Microscopical specimens of tropical diseases were shown by Mr. E. W. C. Bradfield, I.M.S.

At a meeting held on January 27th, the President, Dr. Poynton, being in the chair, and thirty-two members present, Dr. A. E. Wright read a paper on "Therapeutic Inoculation," an account of which will be appended later.

There was a very good discussion, and proceedings did not terminate until 10.30 p.m.

Microscopical specimens were shown by Dr. J. F. H. Broadbent.

On February 25th a paper entitled "Some Points of Interest in the Treatment of Nervous Diseases" will be read by Dr. J. S. Collier.

St. Mary's Hospital Football Clubs.

RUGBY.

Inter-Hospital Cup-Tie.

ST. MARY'S *v.* WESTMINSTER.

This Cup-tie was played at Richmond on Wednesday, February 3rd, in very wet weather, the ground being more like a marsh than a football field. Our side was without the assistance of Wells, Freeman, and Buckley, all of whom were on the injured list.

St. Mary's lost the toss, and Galpin kicked off only a quarter of an hour late. The game opened with a series of scrummages and dribbles, as was only to be expected considering the state of the ground and ball. When the game had been in progress about a quarter of an hour Phillips got the ball away smartly from the scrum, and passed to Louwrens, who made a magnificent opening, and, when on the line, passed to Gaye, who scored. Galpin took the kick at goal, but failed at a difficult angle.

Soon after the restart, the Westminster forwards went away at a good pace with the ball at their feet, but they kicked too hard, and Quirk touched down. Gaye dropped out, and the play remained for some time near the half-way line, Beckett, Galpin, and Anderson being noticeable for some fine dribbling, and Taylor for some very good kicks. Louwrens and Phillips were much too smart at half for their opponents, getting away continually, the state of the ball only preventing any further score. Just before half-time, Taylor, receiving from Phillips, made a capital run, getting past all except the back, when he passed to Gaye, who unfortunately slipped before scoring. At half-time the score stood—St. Mary's, 3 points, Westminster, *nil.*

During the second half St. Mary's had the wind behind them, and gained much ground by good kicking. From a scrum on Westminster's 25, Phillips got the ball and ran through to the three-quarters, when he transferred to Louwrens, who scored after a dodgy run; Galpin taking the kick, failed.

The game remained for some time very even, and Phillips and Wilson were very noticeable in the defence. From a scrum Louwrens got the ball, and passed out across the field to Neagle, who made the best run of the game, dodging all our opponents, but when he had passed the back he slipped, and so no score resulted. Directly after this, from a line-out near Westminster's goal, Louwrens scored a magnificent try. Ollerhead took the kick at goal, but failed with a fine shot.

After the restart, Beckett and Anderson broke away with a splendid dribble, but Westminster kicked dead, and before anything further was scored the whistle blew, leaving St. Mary's the winners by 9 points to *nil.*

Where the whole team played so well it is difficult to mention anyone particularly, but Louwrens and Phillips at half, Taylor and Gaye at three-quarter, and Becket, Wilson, and Anderson, played magnificent games.

TEAM.—W. R. Quirk, *Back;* A. D. Gaye, W. R. Taylor, H. S. Ollerhead, R. D. Neagle, *Three-quarters;* J. Louwrens (Capt.), B. Phillips, *Halves;* H. G. W. Beckett, R. A. Bryden, F. D. Juler, C. Galpin, C. M. Wilson, J. B. Webb, C. G. Anderson, A. Stratton, *Forwards.*

The attendance of St. Mary's men at the match was ludicrously small. The Staff was represented by Mr. Juler, who kindly took the invalided Wells down so that he might see the match. The weather was doubtless as bad as could be, and the School was not closed, but nevertheless many men could have turned up that did not. The team plays much better when encouraged from the touch-line, and it is hoped that in future Cup-ties more keenness will be shown, as it used to be in the old days.

ST. MARY'S *v.* CHARING CROSS.

This match was played on February 9th at Richmond. Considering the bad weather, the state of the ground was very fair. St. Mary's had their full team, with the exception of their Captain, and won the match by a comfortable margin, the score being 9 points to 3.

Losing the toss, we kicked off against the wind, and, after a few minutes' play, Louwrens made a capital opening, and, on reaching the back, transferred to Beckett, who scored a try. Ollerhead took the kick—a difficult one—and failed.

The game restarted, there were some even scrummages near the half-way line, Charing Cross rather more than holding their own, and wheeling well. On our side, some good defensive play was seen, Louwrens, Phillips, Taylor, and Buckley stopping some very ugly rushes. At this stage Gaye unfortunately had his knee hurt and had to retire for the rest of the game: Anderson was taken out of the scrum for a little while but was soon put back again, and for the rest of the time St. Mary's only played three three-quarters.

Charing Cross now pressed hard, and once what looked like a certain score was saved splendidly by

Taylor. Gradually our opponents were forced back by good work by our forwards. From a scrum on Charing Cross' 25, Phillips got the ball, and after dodging all his opponents scored a capital try, which Galpin, taking the kick, failed to convert.

After some more play, in which Louwrens, Phillips, and Taylor played conspicuously well, half time was called, the score standing at 6 points to *nil* in our favour.

In the second half St. Mary's played with the wind, and ought to have scored a good many more points, but the team seemed to slack off rather in its efforts. Several times Charing Cross nearly scored, but the tackling of the outsides and Ollerhead's good kicking saved the side.

From a line-out in our opponents' 25, Phillips threw out well to Taylor who was tackled. He put the ball down at once and kicked, and following up well gained a magnificent try amidst great applause. Galpin took the kick at goal but failed at an easy angle.

The play now became more of the usual cup-tie style, and the game resolved itself into a scramble, a lot of unnecessary kicking and rough play being indulged in. From the loose scrum one of the Charing Cross three-quarters kicked hard past Ollerhead, and overtaking him scored a try which was not converted into a goal.

Nothing further of interest happened except a very good drop kick by Neagle which only just missed the goal, and when the whistle blew St. Mary's were left the winners by 9 points to 3.

Of the outsides, Ollerhead at back, was very good, kicking very well, while his tackling has immensely improved. Louwrens, Phillips, and Taylor played splendid games, and to them our victory was chiefly due. Of the forwards Beckett was far and away the best, following up and tackling splendidly. Galpin was particularly noticeable out of touch.

Before the next cup-tie the forwards ought to practice scrummaging, and if we are to have any hope of winning the men must learn to tackle lower: at present very few tackle low and effectively.

Team.—H. S. Ollerhead, *Back;* A. D. Gaye, W. R. Taylor, R. G. Buckley, R. D. Neagle, *Three-quarters;* J. Louwrens, B. Phillips, *Halves;* J. Freeman (Capt.), H. G. W. Beckett, F. A. Juler, R. A. Bryden, C. M. Wilson, C. Galpin, C. G. Anderson, A. Stratton, *Forwards.*

H.J.B.

ASSOCIATION.

ST. MARY'S *v.* "STAMFORD BROOK."

The above match was played at Stamford Brook on Saturday, January 16th, the ground being in a very bad state. It looked at first as if the Hospital were going to register a much needed victory, but the methods of our opponents, coupled with the decisions of the referee, proved too much for us. From the kick-off the Hospital broke away, and by a run down and centre from the wing, Willis scored, one minute from the start. Play was then transferred to the other end, and the opposing outside right (who stood in an offside position throughout the game) scored. Before half-time, Stamford Brook registered another point from the same source. Early in the second half we found the net twice (through Barker and Willis) both times being ruled offside by the referee. Stamford Brook then obtained two more goals, and shortly before time Archer scored for the Hospital. The game thus ended in a defeat for us, the official score being 5 goals to 2.

Team. W. G. Johnson; J. H. Burdett and S. A. Day; F. W. Hobbs, H. Bevis, J. Pugh, R. D. Neagle, E. W. Archer, H. G. Willis, H. L. Barker, A. W. Bevis.

The Draw for the Inter-Hospital Association Cup is as follows:—

First Round.

A. St. Bartholomew's *v.* Guy's.
B. Middlesex *v.* St. Thomas'.

Second Round.

C. Winner of A *v.* winner of B.
D. St. Mary's *v.* St. George's.
E. London *v.* Westminster.
F. University College *v.* Charing Cross.

Semi-Final Round.

Winner of C *v.* winner of D.
Winner of E *v.* winner of F.

Final

to be played on March 17.

In the first round St. Thomas' won their match against Middlesex, the other being postponed.

C. W. G. Bryan, *Hon. Sec. A.F.C.*

Reviews.

DISEASES OF WOMEN. By A. H. N. LEWERS, M.D.Lond., F.R.C.P. Sixth Edition. Illustrated, pp. xviii. and 533. London: H. K. Lewis. Price 10s. 6d.

The author has made good his claim to bring his excellent text-book "up-to-date." It is hardly necessary for us to commend this work as admirably suited for the requirements of the medical student; it is well written and well illustrated, both by cases and pictures; nowhere, for instance, can a clearer description be found of such an operation as Lawson Tait's Perinaeorrhaphy, so simple to see, so difficult to explain on the printed page. We note that the extra-peritoneal abdominal hysterectomy for fibroids has been omitted, in accordance with present-day practice, and that special stress is laid on fibroid tumours beginning in the cervix. The author's directions on the subject of post-operative abdominal drainage have been modified. The book is "easy reading" throughout, and we doubt not will continue in popularity.

Appointments.

BRADFIELD, E. W. C., M.B.Lond., L.S.A., has been appointed House Physician to the General Hospital, Birmingham.

BUTTERWORTH, RUPERT, M.B., B.C.Camb., has been appointed House Physician to the Derbyshire Royal Infirmary.

CHATE, H. S., B.Sc., has been appointed Demonstrator of Chemistry in St. Mary's Hospital Medical School.

COLE, R. H., M.D.Lond., M.R.C.P., has been appointed Joint Lecturer on Mental Diseases at the Post Graduate College, West London Hospital.

CUNNINGHAM, H. H. B., L.R.C.P., M.R.C.S., has been appointed Clinical Assistant to the Samaritan Free Hospital for Women.

PALMER, R., L.R.C.P., M.R.C.S., has been appointed House Surgeon to the Royal Bucks Hospital, Aylesbury.

PRICE, E. A., L.R.C.P., M.R.C.S., has been appointed House Surgeon to the Infirmary, Tiverton, Devon.

PROCTOR, THOMAS, M.R.C.S., L.R.C.P.Edin., has been appointed Medical Officer and Public Vaccinator for the Fifth District of the Chipping Sodbury Union.

SYMES, W. LEGGE, M.R.C.S., has been appointed Temporary Demonstrator in the Physiological Laboratory and Scientific Assistant in Physiology at the University of London.

Change of Address.

ATKINSON, J. G. S. M., L.R.C.P., M.R.C.S., Infirmary, New Cross, Wolverhampton.

NAGGIAR, EDWARD, F.R.C.S.E., L.R.C.P., M.R.C.S., L.S.A., Cairo, Egypt.

University of London

ADMISSIONS TO FACULTIES.

Faculty of Medicine:

J. S. Collier, M.D., B.Sc.Lond., F.R.C.P.
E. Graham Little, M.D.Lond., M.R.C.P.
Leslie Paton, M.B.Camb., F.R.C.S.
A. E. Wright, M.D.Dub.

Faculty of Science:

W. G. Ridewood, D.Sc.
A. E. Wright, M.D.Dub.

Pass Lists.

CONJOINT BOARD.

FINAL EXAMINATION.

Medicine—H. E. Batten, H. R. Burpitt, T. L. Drapes, J. W. Elliott, R. R. Garrett, L. W. Huelin, E. R. von Ofenheim, R. H. Robbins, E. S. Routly, R. K. White.

Surgery—E. L. Ash, P. D. M. Campbell, E. C. Racker, J. M. B. Rabilly.

Midwifery—F. C. J. Baker, A. H. Bond, H. J. Brewer, A. Dixon, G. E. Ferguson, S. Field, A. E. Leapingwell, U. Marks, R. H. Miller, E. C. Young.

L R.C.P., M.R.C.S.—E. L. Ash, H. E. Batten, H. R. Burpitt, T. L. Drapes, J. W. Elliott, R. R. Garrett, L. W. Huelin, E. R. von Ofenheim, R. H. Robbins, E. S. Routly, E. C. Racker, R. K. White.

SOCIETY OF APOTHECARIES.

Medicine.—F. H. Hand (Sect. II), J. D. Keir (Sect. II), E. H. Price (Sects. I & II), A. Rogers (Sect. II).
Forensic Medicine.—F. H. Hand.
Diploma.—J. D. Keir.

The Services.

ROYAL ARMY MEDICAL CORPS.

Lieut. H. G. S. Webb, L.R.C.P., M.R.C.S., has changed Station from Aldershot to Peshawar, India.

Captain R. L. Argles, L.S.A., has arrived home from the West Coast of Africa.

Lieut. F. M. G. Tulloch, L.R.C.P., M.R.C.S., is posted to Aldershot.

Captains S. W. Sweetnam, L.R.C.P., M.R.C.S., G T. K. Maurice, L.R.C.P., M.R.C.S., J. Hay Campbell, D.S.O., L.R.C.P., M.R.C.S., G. B. Riddick, L.R.C.P., M.R.C.S., are attending a Promotion Examination course at the R. A. M. College.

PROMOTION.

Lieut. P. S. Lelean, F.R.C.S., is promoted to Captain (dated Nov. 14th, 1903).

Lieut. W. R. P. Goodwin, L.R.C.P., M.R.C.S., is promoted to Captain (Nov. 29th, 1903).

ENTRANCE EXAMINATION.

(30 Vacancies.)

D. Le Bas, L.R.C.P., M.R.C.S. (8th).
W. F. H. Vaughan, L.R.C.P., M.R.C.S. (19th).
E. H. Milner Moore, L.R.C.P., M.R.C.S. (23rd).

INDIAN MEDICAL SERVICE.

(20 Vacancies.)

S. W. Jones, L.R.C.P., M.R.C.S. (7th).
W. T. McCowen, L.R.C.P., M.R.C.S. (10th)
W. T. Finlayson, L.R.C.P., M.R.C.S. (14th).

Captain William Henvey, whose death we record this month, joined the department as Surgeon-Captain July 28th, 1891, and was transferred to temporary half-pay, March 4th, 1902. He was with the Isazai Expedition in 1892.

Announcements.

BIRTHS.

CRAWLEY.—On January 22nd, the wife of H. E. Crawley, L.R.C.P., M.R.C.S., of a son.

WILLIAMS, W.—On January 19th, at Bryn Derw, Penarth, the wife of W. Williams, M.D., B.Ch. Oxon., M.R.C.S., L.S.A., D.P.H., of a son.

MARRIAGE.

RAMSAY—DIXON.—On January 21st, at St. Matthew's Church, Ealing Common, W., by the Rev. Henry Douglass, M.A., Surgeon Palmer D. Ramsay R.N., L.R.C.P., M.R.C.S., to Heppie, daughter of the late S. E. Dixon, Esq.

DEATHS.

HENVEY.—On January 11th, Captain William Henvey, L.R.C.P., M.R.C.S., Indian Medical Service, Bengal Establishment. Aged 36 years.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. X.—No. 3. **MARCH, 1904.** **Price 6d.**

Links with the Past.

The death of Sir Edward Sieveking at the end of last month, removes from our midst the doyen of the St. Mary's Hospital staff. A life prolonged many years beyond the span allowed by the Psalmist, left him for some years in a somewhat isolated position, so that to the present generation he was little more than a name. Yet the fact that for thirty-seven years he served actively on the Staff of the Hospital, and to his last loved and helped it, gives him a claim on the reverent respect of younger men, whose connection with the Hospital is of more recent date.

It is difficult for those of us whose experience only dates back a few years, to realise the immense changes that must have taken place in the course of the fifty years of Sir Edward Sieveking's active life. We occasionally dimly realise that we, ourselves, are standing on the threshold of changes as great or even greater; that a mighty fermentation is in process, and that though at present there is only the muddiness of must, out of that turbid liquor will come in a few years the clear wine of many new discoveries. We are dissatisfied. Theories which our fathers greeted with acclamation as final no longer content us. Discoveries that we ourselves regard as epoch making, our sons will discard as false or imperfect. Discontentment is in Science a divine duty, and yet at times it is well for us to have our attention drawn from the future and fixed on the past, to regard for a time the work that has proved stable and to see what the unerring hand of Time has destroyed as false. More and more, as we review the theories that have lived, does it become evident that not one of them was discovered by accident. Accidents do not happen in Science. There is a pretty little story that Newton discovered the theory of Gravitation lying in an orchard lazily watching the overripe apples falling from the trees. The story may or may not be true, *se non é vero é ben trovato.* It certainly embodies a truth which is not the obvious and seeming one, that the discovery was due to the accident of an apple falling on the philosopher's head. That was but the little spark that fired all the accumulations of years of hard, often seemingly sterile, work. The mighty fermentation was at an end, the pure wine was drawn forth to mature through the centuries. The Planets in the Heavens and the Stars in their courses were but examples of the same universal law, but its discovery was no haphazard accident.

Again, if we read the history of the work that was done in the years preceding 1859, we see many men groping dimly after a great truth, imperfectly realising it, but all working towards it. Wallace, Lyell, Hooker, and Darwin, all workers, and at last, to one of them, comes the divine inspiration of a law which has modified all the thought of the world.

It is good, sometimes, to be reminded of the past, to strive to learn from it the secret of success or failure, and to apply it in our own struggles.

Dyspepsia and Its Treatment.

By W. B. CHEADLE, M.D., F.R.C.P.*

The subject of this lecture, gentlemen, is one which I think will appeal to all of you. Everyone, I imagine, has had a fit of indigestion at some time or other. Most of these are, no doubt, mere passing disturbances, due to casual gastronomic indiscretions, soon relieved by nature's methods, and soon forgotten. A real chronic recurrent dyspepsia is a very different matter. It is liable to sour a man's life, and render him at times as unreasonable and as irritable as a fit of the gout itself.

Dyspepsia is commonly regarded as a disorder of the function of the stomach only; but it is to be remembered that there is an intestinal dyspepsia also, and that usually the one is closely associated with the other.

Digestion, as you no doubt remember, is performed in three distinct stages. The *first*, in the mouth by the action of the alkaline salivary ferment ptyalin upon the starchy materials of food, initiating their conversion into soluble dextrine—a process completed subsequently in the intestine by pancreatic ferment, and also supplying mucus, the lubricant which aids distribution.

The *second stage*.—Gastric digestion, by which the nitrogenous ingredients only—the albumen and fibrin and gelatine—are converted into soluble peptones by the acid gastric juice and the churning action of the muscular walls of the stomach, leaving the fats, starches, and sugars untouched.

The *third stage*.—Intestinal digestion of these fats, starches, and sugars, together with some residual proteids, by the combined action of the biliary secretion, the pancreatic juice, and the succus entericus of the intestinal glands, which last alone appears to have the power of converting cane sugar into invert sugar.

These processes follow each other in regular succession.

The first, that of salivary digestion, has become less important in these days of delicately prepared viands, which do not encourage prolonged mastication, so that insalivation must be imperfect. Yet its defective action has no doubt an unfavourable influence on gastric digestion, in view of the function of full salivic flow in controlling the acidity of the gastric juice.

Gastric and intestinal digestions are however the chief agencies which prepare foods for the purposes of nutrition, and we may pass on to consider the chief causes which disturb and disarrange their natural working. They are perhaps more numerous than at first sight you might hastily suppose. The usual answer I get when I ask for information on this point is, "Oh, gastric catarrh." This has become quite a catch phrase. If I ask any dyspeptic patient what is the matter with him, he answers instantly "gastric catarrh."

It is astonishing how common cases of "gastric catarrh" are now-a-days. If a baby brings up a little of its food, after infant fashion, it has gastric catarrh. If a boy stuffs himself, and has fulness and discomfort in consequence, he has "gastric catarrh." If a delicate chlorotic girl has atonic dyspepsia, or threatening of a gastric ulcer, it is "gastric catarrh."

There is, of course, such a morbid condition, and it is *one* of the factors of gastric indigestion often, but by no means the *prime* cause; it is a secondary condition—a result of previous causes which have set it up. What, then, are these primary causes leading to various disturbances of stomach which we style dyspepsia?

PRIMARY CAUSES OF DYSPEPSIA.

1. Hard, insoluble food, or solid masses, incapable of being dissolved quickly and easily by the gastro-intestinal juices, such as nuts, masses of hard fibrous meat, heavy pastry; with infants, massive coagula of milk curd. Also excess of foods on which gastric juice does not act—starches and sugars, and especially fats—which are retained fermenting in the stomach.

2. Analogous to this is the imperfect mastication of ordinary solids, either through the evil habit of bolting food in lumps insufficiently masticated, from hasty feeding—especially common with busy men pressed for time (doctors being amongst the chief offenders)—or through the loss of grinding teeth. This is common amongst the poor and lower middle class in comparative youth from neglect of teeth, and a frequent condition in all classes as middle age approaches when teeth have been lost and have not been replaced by artificial ones.

3. Excessive acidity from undue stimulation of the peptic glands and irritation of the mucous lining. This is chiefly due to the undue secretion of hydrochloric acid, partly to the acids of fermenting food—as lactic and butyric acids. Pauloff has shown that excessive accumulation of acid *inhibits* the secretion of gastric juice.

4. Defective secretion of gastric juice, usually combined with atony of the stomach walls, as seen especially in chlorotic or anæmic girls, and in old and debilitated people. Further, defective biliary and pancreatic secretion, causing imperfect intestinal digestion in like manner, as you see markedly in "acholia," its most extreme expression.

5. Mental causes,—over-excitement, undue emotion, especially depression from domestic worry or other personal troubles, overwork—which appear to exert a powerful inhibitory influence on digestion as well as on appetite. Pauloff shows that appetite has a marked effect in stimulating the flow of digestive juices.

CHIEF CLINICAL FORMS OF DYSPEPSIA.

Such being the chief prime factors of indigestion, the next point to consider is that of the chief clinical forms in which we meet with it. The first of which I shall speak is one which will give you many an anxious moment when you get into practice, not only on account of the serious character of the disorder itself, but largely also by reason of the worry which results from the multitude of amateur and voluntary counsellors called in to advise upon it,—I mean the dyspepsia of infants. In these cases, not only the mother and the nurse, but the grandmothers and

* A Lecture given at St. Mary's Medical School, January 28th, 1904.

cousins and aunts and a host of female friends, all believe themselves to have a special knowledge of this question of feeding babies, and are determined to have their say on the matter!

It is most important that you should know your subject thoroughly; and how few medical men do take the trouble to master this important part of medicine—the feeding of infants! For, if you are not fully armed and able to take your stand authoritatively and with full confidence, you may be worsted by some lay expert in the shape of a nurse or mother-in-law of experience. However, to the point.

Infantile dyspepsia usually arises from one of two causes: either from over-feeding—over-loading of the stomach with more food than it has power to deal with—or from food which is not of sufficiently easily digestible form.

The first, over-feeding, is usually the fault of an ignorant nurse or mother. If the child is at the breast, it is allowed to gulp down an excessive quantity. If fed by the bottle, it is encouraged to take an abnormal quantity, although the exact amount for each week of life has been accurately laid down by authority. The second, indigestible food, is usually the massive curd of cow's milk, sometimes excess of cream. The symptoms in each case being griping, flatulence, vomiting, distention or dilatation of the stomach, atrophy, perhaps convulsions, curds in the stools, which are green, acid, and offensive.

On this part of the subject, however, I shall not dwell in detail. It is fully dealt with in my book on the feeding of infants, to which I must refer you.

I pass on to dyspepsia as it is met with in later life. At the outset, however, a caution. In diagnosing dyspepsia, bear in mind the possibility of its being merely a symptom of some more grave condition. It is, for instance, one of the earliest signs of chronic Bright's disease, of dislocated kidney, of locomotor ataxy, and of malignant disease of the stomach. Clear these possibilities out of the way before you treat a case as one of simple dyspepsia.

CHLOROTIC DYSPEPSIA.

Indigestion in young persons is chiefly met with in chlorotic anæmic girls; in young men, very occasionally, only as a passing ailment, the result of over-eating, or a feast of indigestible materials, such as unripe fruit, pastry, nuts, etc., and generally cures itself. Sometimes delicate, anæmic, feeble boys or young men suffer from a chronic dyspepsia, identical with that of chlorotic girls, but such cases are not common.

In chlorotic girls, however, the condition is constantly met with, and in many cases proceeds to the serious issue of a gastric ulcer—an erosion of the mucous lining, due to a stasis of blood or thrombosis of a vessel, in the vascular network beneath the mucosa, owing to the enfeebled circulation, the slowing of the blood-current, and its increased coagulability.

Now the dyspepsia of anæmic women is due to two distinct causes.

In the first place, to deficient formation of gastric uice. The poor, watery blood, flowing languidly through the gastric vessels, does not supply the peptic glands with sufficient material out of which to elaborate an adequate supply of digestive juice.

In the second place, the muscular walls of the stomach, ill-nourished and enfeebled, are unequal to carry out effectually the churning movements necessary to the due admixture of its contents with the peptic secretion, and to drive them on in due course through the pyloric orifice into the duodenum. Hence delay, with fermentation of retained materials imperfectly dissolved. And a like disability no doubt prevails also with regard to secondary or intestinal digestion, viz., feeble, deficient, biliary, pancreatic, and enteric secretions, with languid, imperfect, peristaltic contractions of the bowel. As a consequence, imperfect peptonisation and pancreatisation of food, fermentation from undissolved food delayed, decomposition, formation of gases, distension, and often dilatation, of the stomach, which is unable fully to empty itself, flatulence, pain from irritant products, such as butyric and lactic acids, "heartburn," constipation.

TREATMENT.

How is this to be remedied? Well, the final effectual cure is to be found, of course, in the cure of the anæmia and malnutrition resulting from it. For this end, iron, arsenic, raw meat juice, and sunlight and fresh air, are the most powerful agents.

You must proceed cautiously, however. If you give iron and arsenic straight away you will aggravate the dyspepsia in most cases. You must prepare the ground for these hæmic remedies by first relieving the dyspepsia.

Bismuth, to lessen irritability; bi-carbonate of soda, to neutralise excessive acidity; and some antiseptic, such as Listerine or creosote, or sulpho-carbolate of soda, to prevent fermentation of undigested food. With this, small quantities of easily-digested foods—bread-and-milk, meat essences, lightly-cooked eggs, dry toast, and starchy foods rather than slops; later, white fish, chicken.

Remember, that in this gastric dyspepsia it is the fats and the starchy elements of food and the cane sugar which give rise to trouble. They are not digested then, but the fats and starches by the bile and pancreatic fluid in the intestine, the cane sugar only by the succus, entering further along the alimentary tube. These, retained in stomach and bowel during delayed digestion, ferment and form irritant gases and acids.

Then, when you have soothed down and eased the disturbed stomach, you may venture to give arsenic and iron in mild form and moderate dose.

The best plan is to give two drops of Liq. sodæ arseniatis, with three grains of citrate of iron, guarded by ten to twenty grains of bi-carbonate of soda: if the bowels are constipated, as is usually the case, a pill of aloes and iron every night. As the patient's condition improves, you may venture to increase the dose of iron and arsenic, and possibly to give a stronger form of iron, such as the acetate or sulphate.

In the more severe cases, where there is vomiting or pain immediately after *all* food, it may be necessary to stop food by the mouth altogether for a short term, and feed the patient solely by nutritive pancreatised

enemata of milk, beef tea, and egg for some days, whilst you endeavour to remedy the anæmia by hypodermic injections of cacodylate of soda, a powerful arsenical hæmatogenic preparation, a quarter to half a grain twice a day. Then, when the symptoms subside, slowly resume feeding by the mouth—a few spoonfuls of peptonised milk, or asses' milk, and thirty drops of Valentine's juice in a tablespoonful of water, every two hours or so, and gradually press forward on the lines I have laid down in the simpler cases.

THE DYSPEPSIA OF MIDDLE AND LATER LIFE.

The dyspepsia with which you will have to deal with most frequently, perhaps, is that met with chiefly in middle life, in persons otherwise probably healthy, the acid dyspepsia of Sir Wm. Roberts. The wasted dyspeptic is seen only in extreme cases of long duration; as a rule, these acid dyspeptics are well nourished, although I have seen great emaciation in one or two instances—in one, the patient, who was thirty years ago a dyspeptic skeleton, is now a healthy old man of nearly eighty. Acid dyspepsia is most common in persons who lead sedentary lives, men rather than women—especially men of gouty stock or habit—although it is not by any means unknown in country folk who lead an open-air active life, if they are heavy feeders and have defective teeth.

SYMPTOMS.

The subject of acid dyspepsia may have an excellent appetite, and the early stages of digestion are usually peaceful and comfortable; then, after a time—half-an-hour, an hour, or even two or three hours—there comes an ominous feeling of weight and oppression at the pit of the stomach, sometimes active burning pain, in the cardio-gastric region, so-called heartburn. The distension increases; the patient gets some momentary relief from copious belchings of flatulence, often accompanied by eructations of acid acrid fluid into the mouth; occasionally, but rarely, actual vomiting occurs. These acute discomforts may continue for hours. When they come on at night, I have known the miserable sufferer tramp round his room until daylight, unable to lie still or sit still for a moment owing to supreme discomfort. In the morning, a coated tongue, foul mouth, irritability of temper, depression.

The source of the gas formed in such extraordinary quantity in these cases has been the subject of much speculation. The products of fermentation appear to be inadequate to account for it alone, and it is probably reinforced largely by carbonic acid set free by the action of the acid gastric juice on the alkaline saliva, partly by swallowed air. Yet it still seems inexplicable that such enormous volumes should be developed so rapidly even from all these sources together.

The cause at the root of all these disturbances is an excessive formation of acid by the acid peptic glands. This has been clearly proved by the observations of Sir Wm. Roberts, himself a victim to this annoying disorder; a tendency, sometimes inherited, apparently, in persons of gouty stock, and it may begin in youth, although it is rare in children and very young persons.

The more potent factors, however, are overfeeding, feeding on rich foods cooked in butter, or foods which resist or are immune to the action of the gastric juice, such as sweets and pastry, and hard materials, such as toasted cheese, the solid albumen of the various nuts, which, as the patient often remarks, "lie like lead on his chest."

Another source of trouble is the hasty feeding I have mentioned—bolting of food in masses too great to be permeated by the digestive agents.

And, also, let me repeat again, analogous to this, the similar result of defective teeth. The grinding mill is imperfect, unequal to an adequate subdivision of the masses, which are swallowed unground. It is remarkable how frequently dyspepsia sets in in middle age when the grinding teeth begin to fail or are lost.

TREATMENT.

The conditions to combat in acid dyspepsia are the hyperacidity of the gastric juice, the fermentation of undigested elements of food, and the undue retention of its contents owing to the retarded process and imperfect emptying of the stomach. Sir W. Roberts found in these cases, by experiment on his own person, after main digestion was over, a large residuum of acid, mucus, and debris of food, chiefly fats.

It may be advisable in doubtful cases of possible cancer, to administer Ewald's test meal of a large slice of stale bread and a cup of weak tea, without cream or sugar, at 7 a.m., withdrawing it an hour later at 8 a.m. If HCl is absent, or almost absent, the presumption is in favour of cancer very strongly.

A plan of treatment formerly much more practised than at present is washing out the stomach with a weak solution of bi-carbonate of soda. This may well be done once or twice at the outset; but, although it is most valuable as a regular practice in stricture of the pylorus, I have found no good result from its continued use in simple chronic dyspepsia. On the contrary, I think it does harm. At any rate, I have frequently seen great improvement follow its abandonment, followed by alkaline and dietetic treatment such as I am about to describe to you.

Lastly, the routine treatment formerly used to be the administration of hydrochloric acid and a bitter, such as gentian, with meals; sometimes pepsin was added. The pepsin was good, but the acid detrimental. There is too free secretion of acid already, and although Pauloff's recent experiments on the action of the digestive gland have shown that acids increase the flow of pancreatic juice, they do not increase that of pepsin. Indeed, when acid is in excess, it appears to check the gastric secretion. So that acids do no good, but harm, and this is amply confirmed by my experience. I have never seen acids act beneficially in any degree in acid dyspepsia, but they rather tend to aggravate symptoms of gastric irritation; and I must confess that I am astonished to find this old routine acid treatment still insisted on in the text books.

Give pepsin, then, with meals, dry, in pill, two to three grains with each meal; but in these cases of acid dyspepsia, leave out the hydrochloric acid.

Another old routine plan of treatment, also still in vogue, is that of giving an alkali and bitter just *before* meals. This practice was based upon the belief that alkalies given in this way excited the flow of gastric juice—an error, it would seem, for the latest experiments of Pauloff show that the salts of soda have an inhibitory effect upon both gastric and pancreatic secretion.

And yet there can be no question as to the beneficial effect of bi-carbonate of soda in dyspepsia if properly given. No one who has suffered from the torments of acid dyspepsia, as I have, for example, will forget the immediate remarkable relief afforded by a teaspoonful of this salt. The carbonates of lime and magnesia afford similar relief, but less marked. The great authorities, like Sir W. Roberts and Professor Pauloff, affirm not merely the temporary relief given, but the curative effect of alkaline treatment. How does it act?

The mistakes made in using it are two-fold, viz., giving it *before* meals,—it should be given *after* food; and giving it in too-minute doses. Five to ten grains are insufficient, the dose should be twenty grains or ʒss up to ʒi.

The bi-carbonate of soda, in the first place, neutralises the excessive and irritating acid. On swallowing it there is at once a powerful discharge of carbonic acid, and the heartburn generally soon ceases. Further, the neutralisation of the excessive acidity of the stomach contents eases the work of the biliary and pancreatic and enteric juices, by which the second digestion of starches, fats, and sugar, with which the gastric juice does not deal, and further digestion of surplus proteids, is carried on. As you know, the pancreatic and enteric digestion is effective only in an alkaline medium, and one chief function of the bile is to neutralise the acidity of the contents of the stomach as they issue from the pylorus into the duodenum, and thus render them fit for the action of the pancreatic secretion and succus entericus. The administration of alkalies, therefore, in the hyperacidity of this form of dyspepsia, must favour intestinal digestion, and we know it does, by the relief it gives to bowel flatulence and discomfort, which is one of the after results of general indigestion.

Further still, Pauloff affirms that an additional beneficial effect of alkalies is that they ease digestion by moderating the excessive secretion—slowing the act of digestion; and thus, by giving rest to the organ, favouring a return to the normal state.

However this may be, there can be no doubt of the result on the evidence of clinical experience, confirmed by Sir W. Roberts's investigations and Professor Pauloff's more recent researches. Over and over again have I succeeded in curing a dyspepsia unrelieved, or even aggravated, by the use of acid, or imperfectly treated by small doses of alkali.

For, let me remind you once more, the usual treatment by alkalies errs in two respects: they are given before food, which is wrong, and in too small and perfectly futile doses.

The rule is, they must be given about half-an-hour *after* meals, when the acid tide is at its height—sooner if the discomfort comes on earlier—and they must be given in *full doses*. The usual five or ten grains is not enough; give twenty grains at least, or ʒss to ʒi of bi-carbonate of soda, and this may be well combined with ʒss of aromatic spirits of ammonia and twenty drops of spirit of chloroform, which is antiseptic, with some gentian and peppermint water half-an-hour after each meal.

The second point in treatment is to arrest the fermentation of the undigested elements of food. For this purpose you may add a drachm of Listerine to each dose of mixture. Or give a pill with it containing one or two minims of creosote or of carbolic acid.

The sulpho-carbolate of soda has a reputation in this line, but I have found it inferior to the other antiseptics I have mentioned.

In cases where there is obviously considerable intestinal dyspepsia, as evidenced by bowel discomfort, rumbling, and flatulence, pancreatin in keratine capsules has seemed to me helpful. Pancreatin is, I imagine, destroyed by the acid gastric juice, and it is necessary to protect it by a keratine or horny case which is not acted upon by the acid gastric juice, but dissolves in the alkaline medium of the bowel below. Taka-diastase and lactopeptin have not been very successful in my hands. The troublesome bowel flatus is often relieved by ten grains of benzo-napthol, or eight grains of salol, which passes the stomach unchanged, or napthol β (five grains).

In addition to these direct remedies, the bowels must be kept open by mild laxatives, such as sulphate of soda, or carbonate and sulphate of magnesia, aided by rhubarb or cascara or euonymin; and, if the tongue remains much coated, a weekly dose of blue pill or calomel.

Thirdly, diet. This should consist of light, easily-digested solids—soft white fish, chicken, lean mutton, bread-and-milk, dry toast, eggs, no potato, no milk puddings, no cornflour or arrowroot, or dishes sweetened by cane sugar, which are flatulent; no soups or beaf teas, no slops—they are flatulent; a little China tea, or coffee, milk, or weak cognac and water with meals, or a little dry old champagne; no rich wines or beers, or coarse Australian wines.

As your patient improves, you may reduce the soda and slowly raise the diet. If the teeth are defective, they must be replaced by artificial ones.

The dyspepsia of enfeeblement and old age,—atonic dyspepsia. In this form pepsine, and sometimes acid bitter tonics, are most effective; and, with this, careful dieting, more frequent feeding, in small volume, with concentrated foods, such as plasmon or somatose, and Benger's predigested food, are especially useful.

Publications, etc., Received.

"*Guy's Hospital Gazette.*" "*Middlesex Hospital Journal.*" "*St. George's Hospital Gazette.*" "*The Broadway.*" "*The Hospital.*" "*The Nursing Record.*" "*University College Gazette,*" "*University of Durham College of Medicine Gazette.*" "*St. Thomas's Hospital Gazette.*" "*St. Bartholomew's Hospital Gazette.*" "*Indian Medical Record.*" "*New York Medical Journal.*" "*London Hospital Gazette.*" "*Brooklyn Medical Journal.*" "*The Stethoscope.*" "*Treatment.*" "*General Practitioner.*" "*Charing Cross Hospital Gazette.*" "*South African Medical Record.*"

Notes.

The gradual disappearance of the scaffolding surrounding the Clarence Wing and the baring to public view of its architectural glories, are evidences that within a short time we may enter into our heritage. Whether the new frontage is an architectural success or not it is not within our province at present to discuss. It is certainly an improvement on the old gables which faced Praed Street, and no one now passing along on the top of a Bayswater 'Bus need be ashamed to point out his Hospital, St. Mary's. Of course it suffers from one disadvantage as a façade. It can't be seen. But in a street like Praed Street, that was inevitable, and we are not prepared to agree with a friend who suggested that it might even be considered an advantage.

The internal arrangements and the furnishing should all be completed by the Autumn, and early next year the new wing should be in full occupation.

There is no truth in the rumour that the Committee engaged in the revisal of the Hospital Pharmacopœia are reserving the new edition with the intention of issuing it as a commemorative volume at the time of the opening ceremony. Indeed, we have it on good authority, that our statement in these columns (*vide* GAZETTE for March, 1902) is quite correct, and that the new Pharmacopœia will appear very shortly.

To return, however, to the New Wing. It has been found that the demands of the administrative department and the more extensive requirements of various special methods of modern treatment will cut down the number of new beds provided to 61. The Gynecological Department and the Women's and Children's Surgical Wards will absorb most of the New Wing. The ground floor is to be devoted entirely to Administration, and the upper floors to Nurses' Dormitories.

Of greater interest to students is the provision of two new operating theatres, a clinical theatre, and clinical laboratories. X Ray rooms, Electrical rooms, Photography rooms, *et hoc genus omne*, are hidden somewhere in this Pandora's Box, and we hope that a kindly providence may open them all to us soon.

The Harveian Society held a Clinical Meeting in the Hospital, on February 25th, and several interesting cases from the Hospital Wards were shown on that occasion by various Members of the Staff and others.

We offer our hearty congratulations to Mr. Wallace Ashdowne, on his appointment as Assistant Surgeon to the Metropolitan Hospital, which was chronicled in a recent number of the *Lancet*.

Such a sad happening! A poor old horse, such a dear brave hero of a horse, was suffering from Old-age of the lungs, and was an Out-patient at the Veterinary College. He was given a bottle of medicine labelled "A fourth part to be taken in a pint of brown ale." There was something in this prescription which appealed to the owner of the friend-of-man, who consequently became seriously unwell and was admitted to Isolation. So the poor patient animal was deprived of a quarter of his medicine, to the everlasting shame of the human species. We commend the case to Our Dumb Friends League and the "Please-do-not-strain-our-legs" people.

We regret that we cannot chronicle a more successful effort on the part of the Hockey Club in their match against Bart's. Our goalkeeper spent a most stimulating afternoon and played with great pluck and no pads. We understand that at the conclusion of the game it was thought advisable to sound him for dulness in the flanks: the result was, fortunately, negative.

The answers given by Out-patients are often far from illuminating. For sheer inexplicability (pass along, please!) we are inclined to award the palm to one given the

other day. The patient, who was very deaf, was asked *fortissimo*, "Can you hear what I'm saying?" Pat came the answer, "No, Sir."

Perhaps he was answering some question that he thought ought to have been asked. Some deaf people seem to do this and the result may be a severe dig in the conscience. We remember once a deaf guest on coming down to breakfast, was received with the remark, "What a beautiful morning, isn't it?" (This happened some years ago, before The Weather). The stabbing reply was, "Oh yes, thank you, I slept very well."

We are frequently assured of the great necessity of possessing—Tact. Striving to exercise this gift, we have sent a new and enlarged rhyming dictionary to the Sub-Editor, so far without result. Perhaps he awaits the arrival of the Pharmacopœia, which rumour has it may appear at any moment—even before this number of the GAZETTE.

The accomplishment of being able to write Shorthand has certain obvious advantages, and yet it is not a widespread one. The Society of Medical Phonographers strives to encourage it by awarding annual prizes, yet if its advantages are as real as they are obvious, one would think that prizes were unnecessary. Can it be that the still small voice of common sense whispers in the ear of the average Medical Student, that the lecturer, whose words are worth recording verbatim has yet to be born, and only when he is born will it be worth his labour to learn shorthand?

It was a great pleasure to us to receive the long letter from Dr. Kenneth Millican, which we print in the present number of the GAZETTE. We are not sure that Dr. Millican intended it for publication, but we are sure that it will be read with great interest by St. Mary's men, whether they be of his generation or of the younger generation, "who know not Joseph." Being an editor, he will regard that as excuse enough.

It is evident that there are some cheery optimists left who believe in the possibility of there being a summer this year, for the Secretary of the Hospital Swimming Club is asking for men's names. Will Swimmers please note.

Our congratulations to the Librarian on being awarded a medal for twenty years service with the Volunteers. With this added dignity, who will now dare raise his voice above "strict silence?"

Hoyer, who was well-known to all workers in the Physiological Department, has recently opened a shop in the immediate neighbourhood of the Hospital. To all who require electrical or other apparatus well made, we would advise a visit to 15, Bouverie Street, Praed Street.

During the recent visit of the King and Queen to Cambridge to open the New Laboratories there, one of the Ladies-in-Waiting, after looking for a few minutes with pitying interest on an engraving of Rembrandt's famous Anatomy Lesson, was overheard to remark, "I hope the poor man was under chloroform."

We have to announce that the Hospital has lost the services of Sister Meikle, who, for the past two years, has had charge of the Alexandra Wards. Although, perhaps, the most difficult wards in the Hospital to look after, in none was the management better, or the nursing of the individual patients more perfect. She leaves many friends to sincerely regret her resignation and to wish her all success in the future.

We are glad to learn that a handsome donation has been made to the funds of the Nurses' Library. The gift was received, through Mrs. Shaw-Stewart, from Mr. Christie, a governor of the Hospital.

In answer to a correspondent, we may state that there is no truth in the rumour that, owing to the change on the Staff of the GAZETTE, the price of the publication will be reduced to threepence.

Obituaries.

SIR EDWARD HENRY SIEVEKING, M.D.Edin., F.R.C.P.Lond., Physician-in-Ordinary to the late Queen Victoria; Physician Extraordinary to the King: Consulting Physician to St. Mary's Hospital.

It is with great regret that we record the death of Sir Edward Sieveking, which took place on February 24th at his house in Manchester Square. To us at St. Mary's this means the severance of the last link which joined us to the early band of men who helped in the launching of our Hospital on the troubled waters of Metropolitan life. No member of the original staff is now left. When in the year 1851 the Hospital was founded and Edward Sieveking was made a Physician to Out-Patients, he had already achieved some distinction in the medical world. A descendant of an ancient Lutheran family, which had for many generations held an honoured position in the free town of Hamburg, he was born in Bishopsgate in the City of London in the year 1816. His early education was calculated to give breadth to his views and independence to his outlook. His schooldays were passed partly in England and partly in Germany. His earlier years of medical study were spent in Berlin, where he came under the influence of the great physiologist, Johannes Müller, then at Bonn. Later, he studied for two years at University College, London, and finally took a distinguished degree at Edinburgh in the year 1841. The next year was spent in wandering from place to place on the Continent, always studying and gaining knowledge. He attended cliniques in Paris, Vienna, and various other towns in North Italy, France, and South Germany. For a time he practised in Hamburg, and even at that time his philanthropic trend showed itself, for while there he was associated with his aunt, Miss Amalia Sieveking, in founding a children's hospital. It was not till 1846 that he came back to England, and settled down first in Bentinck Street, and later, in 1857, in Manchester Square, where he lived till the day of his death. In 1851, as we have said, he was appointed to the staff of our Hospital. In 1852 he was made a Fellow of the Royal College of Physicians, and during his active life he held many positions in that body. He was one of its vice-presidents in the time of Jenner's presidency, and it was expected by many that he would succeed to the presidency, but in this his friends were disappointed, and the highest honour the Physicians can confer was denied to him. In 1866 he became full Physician to the Hospital, and his active connection with it did not cease till 1887—a period of service of over thirty-six years. Of his feeling for the Hospital his daughter writes: "My father had a deep and lasting affection for St. Mary's, and amongst my earliest recollections of his work was going frequently on Sundays with him to look round his wards. During the busiest days of his practice he was never a moment late in starting for 'his' hospital. However full his waiting-room was on Mondays and Thursdays, and however long and arduous his morning work had been, the short luncheon interval somehow became shorter, and his poorer patients got their whole due. The Testimonial from the students and staff of St. Mary's, with its cordial wording, was a treasured possession of my father's, and he had it hung where it would often remind him of his active life—an activity which he was able to continue longer than falls to the lot of most men." The breadth of his sympathies is shown by the number of friends he had, not only in medicine but in literature and science. He could count Kingsley, Frederick Denison Maurice, Sir David Brewster, and Sir John Forbes amongst his intimates. Again, he had little toleration for the intolerance of modern specialism. He was proud to count himself a general physician, and yet, however special might be the subject he was treating of, he was sure to illumine it by the lucidity of his intellect. Patients to him were never interesting cases illustrating more or less clearly some special diseases; they were always human beings, in whom the accident of a disease had produced a change from the normal, and his efforts were directed to restoring the normal. The result was that he never allowed himself to get into a groove, never made the fatal mistake of treating the disease and not the patient. Quite early in his career he was honoured with a Court appointment as physician to the late Duke of Cambridge. In 1863 he was appointed Physician-in-Ordinary to the Prince of Wales. In 1886 he received from Her Majesty Queen Victoria the honour of knighthood, and in 1888 he was made Physician-in-Ordinary to the late Queen. Since 1901 he has been a Physician Extraordinary to the King. To all who came in contact with him he showed himself kindly, courteous, and considerate, and he had in marked degree that grace of bearing and manner which we have unfortunately come to look upon as the mark of a past generation. To the medical profession generally there must be a sense of loss when one who was a leader dies; but to us at St. Mary's the loss comes more home, for with Sir Edward Sieveking departs the last link with our earliest days.

A. S. GARDINER, M.R.C.S., L.R.C.P.

Dr. Gardiner entered St. Mary's in 1893; when in his fourth year symptoms of phthisis came on, but he struggled on till he became qualified in 1898, and went to South Africa, where he became Colonial Surgeon at Quithing, Basutoland. While in that country he had many relapses, but had made good progress towards recovery during the year 1903. He then got a mild attack of typhoid fever and his throat became affected, and he died after much suffering. Mr. Scoley, the resident Commissioner, writes: "I have always admired very much the courage with which Dr. Gardiner stuck to his work and struggled against physical weakness. His plucky gentlemanly character had endeared him to every one in the Service." And many old St. Mary's men will hear with regret of his early death.

Pulmonary Disease Due to Acquired Syphilis.

By CAREY COOMBS. M.D.

Syphilis is rarely responsible for pulmonary disease; so rarely, that every case in which such a diagnosis can reasonably be offered is worthy of attention.

A patient who appears to be suffering from a tertiary syphilitic lesion of his right lung has recently been in Cambridge Ward, under Dr. Cheadle, who has kindly allowed me to quote the case.

He is a flower-seller, 27 years old. He was admitted on December 23rd, 1903, for hæmoptysis, which had occurred on the evening of the 20th, about a pint of blood being brought up. On the 21st he was short of breath, had pains all over him, and was troubled with a bad cough. For some time previously he had had a slight cough, and he speaks of having had "asthma" for some time. There had never been any previous hæmoptysis. In 1899 he was an in-patient for a week at St. George's Hospital. Dr. S. Vere Pearson (Medical Registrar at St. George's) kindly informs me that he was admitted for pharyngitis, and that nothing abnormal was discovered in his chest. Nine years ago he acquired syphilis, and suffered from well-marked secondary symptoms.

On December 30th, the following points were noted:—

"He is a fairly well-nourished man, but thinks he has lost flesh recently. Since admission there has been sweating, and irregular fever, which has now subsided. The hæmoptysis has stopped, and there is practically no expectoration. There are pigmented scars, of the type often associated with acquired syphilis, on his forearms, back, buttocks, and abdomen. There is flattening beneath both clavicles, and impairment of the percussion-note in the same positions, especially on the right side. Over the inner half of the first and second right spaces the breath-sounds are bronchial in character, vocal resonance is increased. and there is indistinct whispering pectoriloquy. Over the outer half of these spaces, and over the whole of the right back, the breath-sounds are feeble as compared with the corresponding places on the left side. There are no adventitious sounds."

Since this note was made, there has been no recurrence of hæmoptysis; the temperature has risen above normal on one or two occasions only, though its course has been irregular. There has been practically no expectoration at all, which is unfortunate, as, without failure to find bacilli in the sputum on repeated examination, it is impossible to exclude tuberculosis. The patient's general condition has improved, and the physical signs are less distinct. He has been taking potassium iodide for about a month.

The history, symptoms, and signs of this case are all compatible with a diagnosis of syphilitic ulceration and stenosis of a bronchus on the right side.

As stated above, the tertiary lesions of acquired syphilis are rarely met with in the lungs—so rarely, indeed, that Dr. Kingston Fowler, whose writings on this subject are considered the most complete in English medical literature, was unable to find more than ten well-authenticated specimens in all the London museums. Dr. Cheadle, however, kindly allows me to say that he has seen two cases in which the diagnosis was verified by post-mortem examination. The lungs in these cases showed tough fibrosis with compensatory emphysema. "There was no sign of tubercle, softening, or cheesy matter; but there were one or two small islets of small-celled growth suggestive of imperfectly-formed gummata."

The principal lesions of the lung produced by acquired syphilis, according to Kingston Fowler, are—

(*a*) Bronchitis during the secondary stage.

(*b*) Stenosis of trachea and bronchi following gummatous ulceration.

It is probable that the lesions of the patient whose case is described above would fall under this heading.

(*c*) "Syphilitic phthisis." This misleading term (justly condemned by Fowler) covers most of the cases of grave pulmonary disease apparently due to syphilis. The lesions met with most often are those of bronchiectasis, produced by cicatricial stenosis of one or more of the larger bronchi.

(*d*) Gumma, or gummata, rarely large, and most often met with about the root of the lung. Cavities are almost never formed, scarring being the usual result, with puckering of the overlying pleura. The only specimen of acquired syphilitic disease of the lung in our museum shows "a portion of the lower lobe of a left lung, showing two stellate scars on its outer surface, and a gumma in its substance: from a middle-aged man with syphilis of the liver."

(*e*) Broncho-pneumonia. Fowler found only one specimen of this kind of the syphilitic nature of which he could be sure.

(*f*) Fibrosis, either regularly diffused or scattered in patches throughout the lung, or spreading along bronchi and vessels from the pipes of the lung into its substance.

(*g*) Lymphangitis and lymphadenitis.

Fowler says that before any case of pulmonary disease can be accepted as syphilitic, tuberculosis must be excluded by examination of the sputum during life, and of the lungs themselves after death; while syphilis must be supported by a clear history of infection and by distinct collateral evidence. The case described above fulfils the latter condition, but not the former; the patient is fortunately far from dead, and there has never been enough sputum to allow of a conclusive examination for tubercle bacilli.

Those who wish to find a full account of the subject should refer to Kingston Fowler's writings in Allbutt's "System," vol. v., and to chapter xxxvii. in "Diseases of the Lungs" (Fowler and Godlee).

St. Mary's through the Electrophone.

Monday morning.—Well, ma'am, I'm sorry to say... please don't talk or we can't hear the 'buses pass...oh, it's no disgrace at all !...you must have all your clothes baked by the Parish...take *all* your children round to the doctor with the microscope...small-spore?

Monday afternoon.—Look here, my man—haven't you got a lump about you anywhere?...what do you think it is?...oh, I haven't seen it yet...look at it, my boy, look at it...having regard to the peculiar acoustic properties of this room...

Tuesday morn.—Six-sixtieths...will you sit at the back there, please...come away, Johnnie...look down at your feet...L.A.B. U.A.B....now we'll go up to the theatre.

Tuesday aft.—And someone said Ananias wasn't in it...will you give him please...I want you to chew up one lozenge with the first mouthful of food...that will do, thank you—next please.

Tuesday aft.—Say eh, say eh, say eh...take-a-tea-spoonful-of-the-powder-which-I-will-prescribe-dissolve-it-in-a-tumblerful-of-warm-water-sniff-it-up-the-nose-night-and-morning-next.

Wednesday morn.—In the kidney—well of course you do sometimes...but you often don't...but supposing you did...at any rate in the spleen...this is a specimen of...HUGGINS !

Wednesday aft.—What have been your habits with regard to stimulants—what?...better knock it off altogether...no question at all about it...quite...setting aside for the moment the possibility of the diagnosis being one of glioma of the cord...

Thursday aft.—(*pp*) Go in the room...(*mf*) go in the room...(*ff*) go—in—the—room!...chronic endometritis ...I think one might consider just for the moment the possibility of the history she gives being to some extent correct.

Friday aft.—Now you've percussed out the spinal column what are you going to do next?...diagnosis not known.. prognosis indefinite...treatment *nil*...and he died...oh, you can give it if you like...it's no good ...they all die.

Friday aft.—Here's a case...a poor woman...a perfect storm of pain...*yes*...about the size of a tangerine orange.

Saturday morn.—Get your forceps on straight... push...harder...harder...no, not yet...now outwards... *outwards*...get out of the way !

Sunday morn. (2 *a.m.*).—Wells' forceps...the largest-sized drainage tube, Mr. Dresser, please...oh no, one of *mine*...ah, there's the nasty little thing...hot saline, Sister, please...chop !...*voila !*

St. Mary's Hospital Chess Club.

In the inter-hospital chess match against St. George's Hospital St. Mary's turned out one short in a team of six. The play resulted in two wins for St. Mary's and three for St. George's, the total forming a win for St. George's.

The match against London Hospital resulted in a win for that hospital by three wins and three draws.

A. S. W.

St. Mary's Hospital Medical Society.

A meeting was held on February 10th in the Physiological Theatre, Dr. Poynton, the President, being in the chair. The paper of the evening was read by Dr. Collingwood, on "The Causation of Emphysema." Dr. Collingwood showed some excellent working models illustrating his picture of the physical conditions of the lungs in this disease.

Some cases were to have been shown, but, owing to the fearful state of the weather on this night, it was impossible for them to be present. To the same cause may be attributed the very small attendance of members at this meeting.

On February 24th a meeting was held in the Library, Dr. Poynton being in the chair. A paper entitled "Some points of interest in the Treatment of Nervous Diseases" was read by Dr. J. Collier. We hope to publish this paper in the next number of the Gazette.

At a meeting held on March 9th, under the Presidency of Dr. Poynton, the following Officers were elected for the Session 1904-5 :

President ...	V. Warren Low, F.R.C.S.
Vice-Presidents	W. H. Clayton-Greene, F.R.C.S. Leslie Paton, F.R.C.S. E. Graham Little, M.D. A. E. Wright, M.D.
Hon. Secretaries	F. A. Juler, B.A. H. J. Brewer.
Council	H. E. Corbin, B.Sc. M. F. Kelly, M.B. T. L. Drapes, M.B. G. E. Peachell, L.R.C.P., M.R.C.S. J. H. Freeman, B.A. J. M. Rahilly.

St. Mary's Hospital Hockey Club.

Inter-Hospital Competition.

ST. MARY'S *v.* ST. BARTHOLOMEW'S.

We regret that we are unable to publish a detailed report of this fixture for the edification of our readers. In the memories of those concerned has been successfully developed a comfortable hiatus, rendering it impossible for us to attain to any very accurate knowledge on the subject of how our men enjoyed themselves.

With a view to obtaining "Survivors' Thrilling Narratives" we have interviewed several gentlemen, but, owing to the lapse of memory already alluded to, we could only hear that it was considered probable that we scored one goal, while our opponents' score was beyond recall. At last, however, we learnt from one—a more advanced arithmetician than the others, that the Bart's total might be reckoned as not less than fifteen or sixteen goals. "The rest is silence"—except as to one point, namely, that the ground was in bad condition. We can understand that parts of it would be so, at all events.

Although we write jestingly of the result, we are sincerely sorry that the energy and keenness displayed

by many members of the Club should have met with such scant success.

Considering how late the team was got up, perhaps a better result could not have been expected, in spite of the good management and many practices; and it must be remembered that Hockey scores are proverbially large. We wish the Club better luck next year.

The Society of Medical Phonographers.

This Society will hold its Annual Shorthand Examination in May, 1904. Two prizes will be offered, each of the value of £3, one for first year Students and one for Students of more than one year's standing. The competition will be open without entrance fee to any Registered Medical Student in the United Kingdom who has not taken a first prize at one of the Society's previous examinations.

Intending Candidates should send in their names as early as possible and in any case before April 15th, to Dr. P. G. GRIFFITH, Villa Molitor, Green Lanes, Hornsey, N., who will supply a detailed prospectus of the examination.

St. Mary's Hospital Football Clubs.

RUGBY.

Inter-Hospital Cup-Tie: Semi-final Round.

ST. MARY'S *v.* LONDON.

This game was played at Richmond on Thursday, February 25th, before a fairly good attendance. The ground was in splendid condition, and so the play was very fast throughout. St. Mary's were hopelessly routed by 38 points to nil, the weakness lying in our three-quarter line.

The London backs played very well together, the tries being scored by Lloyd (4), Vernon (4), Curl, and W. J. Gibson, and their forwards were well led by C. T. Scott.

At the commencement of the game the Mary's forwards more than held their own, and drove London right on to their line. Louwrens very nearly crossed it, but was just held up. This was about the full extent of our pressure, and soon afterwards London were given a free kick for off-side. Scott, with a very fine shot, just failed to score.

Directly afterwards Grogono started a bout of passing which ended in W. J. Gibson scoring wide out; the kick at goal failed. The London outsides now got fairly going, and some good passing by the three-quarters enabled Vernon to score right behind the posts. This was easily converted.

Mary's now, by the aid of good work by the forwards and Louwrens and Phillips, pressed again, and it looked as if a score might result, but the London defence was too deadly, Lloyd finally relieving with a good kick. More passing by the London three-quarters ended in Curl scoring the third try—the shot at goal again failing. About two minutes later Lloyd obtained another try, which was converted. The whistle then blew for half-time, London leading by 16 points to nil.

The second half was even more disastrous; Mary's did not press once. After about two minutes' play Lloyd scored again, the kick at goal failing. From a scrum about half-way, Phillips got the ball out and passed to Louwrens, but disgraceful passing amongst our three-quarters enabled Vernon to intercept; he outpaced all our men and gained a good try. Directly after this Lloyd again scored, but again the shot at goal failed.

Now there was only one team in it, and London did just as they pleased, Vernon scoring two more tries and Lloyd one; two of them being converted, left London winners by four goals and six tries to nothing.

Our forwards did remarkably well against a heavier pack, and only praise can be given them for their plucky display. All through the season they have shown great keenness and trained hard, always turning up at practices in full force, which is more than can be said of the outsides.

Louwrens and Phillips played very good games at half as usual. The three-quarters were not in their best form, missing their men time after time, and the passes they got they knocked forward. They allowed their men to pass them, and then gave chase. Ollerhead was the best on the day's play. Quirk, at back, was sound, but slow.

Thanks are due to Freeman and Louwrens for their keenness in getting up practice games at Acton and scrum practices, these accounting for the forwards being in such excellent training.

Team.—F. W. Quirk, *Back;* H. S. Ollerhead, W. R. Taylor, R. G. Buckby, and R. D. Neagle, *Three-quarters;* J. J. Louwrens and B. Phillips, *Halves;* J. Freeman (Capt.); H. G. Beckett, R. A. Bryden, C. G. Galpin, F. A. Juler, C. M. Wilson, E. D. Anderson, and A. Stratton, *Forwards.* H. J. B.

ASSOCIATION.

Inter-Hospital Cup-Tie.

ST. MARY'S *v.* ST. GEORGE'S.

Having drawn a bye for the first round, St. Mary's met St. George's at Hale End on February 19th in the second round of the Inter-Hospital competition.

The weather was perfect but the ground was rather soft, the ball soon becoming very heavy. St. Mary's, after a most uneven game, won by 5 goals to 1, thus qualifying to meet Guy's in the semi-final.

From the kick-off St. Mary's took the ball down to the George's goal and looked like scoring at once, but had to be content with a corner. Neagle took the kick very nicely, but our forwards did not manage to touch the ball through and it went behind. The game was then transferred to the centre of the field, where some loose play took place; but Archer soon got away with the ball, and, dribbling right through the George's backs, scored the first point. St. George's now took the ball down to the other end, and for some minutes looked dangerous, but Willis and A. Bevis, by some excellent work, prevented them from shooting. After this, St. Mary's were pressing nearly all the

St. Mary's through the Electrophone.

Monday morning.—Well, ma'am, I'm sorry to say... please don't talk or we can't hear the 'buses pass...oh, it's no disgrace at all !...you must have all your clothes baked by the Parish...take *all* your children round to the doctor with the microscope...small-spore?

Monday afternoon.—Look here, my man—haven't you got a lump about you anywhere?...what do you think it is?...oh, I haven't seen it yet...look at it, my boy, look at it...having regard to the peculiar acoustic properties of this room...

Tuesday morn.—Six-sixtieths...will you sit at the back there, please...come away, Johnnie...look down at your feet...L.A.B. U.A.B....now we'll go up to the theatre.

Tuesday aft.—And someone said Ananias wasn't in it...will you give him please...I want you to chew up one lozenge with the first mouthful of food...that will do, thank you—next please.

Tuesday aft.—Say eh, say eh, say eh...take-a-tea-spoonful-of-the-powder-which-I-will-prescribe-dissolve-it-in-a-tumblerful-of-warm-water-sniff-it-up-the-nose-night-and-morning-next.

Wednesday morn.—In the kidney—well of course you do sometimes...but you often don't...but supposing you did...at any rate in the spleen...this is a specimen of...HUGGINS !

Wednesday aft.—What have been your habits with regard to stimulants—what?...better knock it off altogether...no question at all about it...quite...setting aside for the moment the possibility of the diagnosis being one of glioma of the cord...

Thursday aft.—(*pp*) Go in the room...(*mf*) go in the room...(*ff*) go—in—the—room!...chronic endometritis ...I think one might consider just for the moment the possibility of the history she gives being to some extent correct.

Friday aft.—Now you've percussed out the spinal column what are you going to do next?...diagnosis not known.. prognosis indefinite...treatment *nil*...and he died...oh, you can give it if you like...it's no good ...they all die.

Friday aft.—Here's a case...a poor woman...a perfect storm of pain...*yes*...about the size of a tangerine orange.

Saturday morn.—Get your forceps on straight... push...harder...harder...no, not yet...now outwards... *outwards*...get out of the way !

Sunday morn. (2 *a.m.*).—Wells' forceps...the largest-sized drainage tube, Mr. Dresser, please...oh no, one of *mine*...ah, there's the nasty little thing...hot saline, Sister, please...chop !...*voila !*

St. Mary's Hospital Chess Club.

In the inter-hospital chess match against St. George's Hospital St. Mary's turned out one short in a team of six. The play resulted in two wins for St. Mary's and three for St. George's, the total forming a win for St. George's.

The match against London Hospital resulted in a win for that hospital by three wins and three draws.

A. S. W.

St. Mary's Hospital Medical Society.

A meeting was held on February 10th in the Physiological Theatre, Dr. Poynton, the President, being in the chair. The paper of the evening was read by Dr. Collingwood, on "The Causation of Emphysema." Dr. Collingwood showed some excellent working models illustrating his picture of the physical conditions of the lungs in this disease.

Some cases were to have been shown, but, owing to the fearful state of the weather on this night, it was impossible for them to be present. To the same cause may be attributed the very small attendance of members at this meeting.

On February 24th a meeting was held in the Library, Dr. Poynton being in the chair. A paper entitled "Some points of interest in the Treatment of Nervous Diseases" was read by Dr. J. Collier. We hope to publish this paper in the next number of the Gazette.

At a meeting held on March 9th, under the Presidency of Dr. Poynton, the following Officers were elected for the Session 1904-5 :

President ...	V. Warren Low, F.R.C.S.
Vice-Presidents	W. H. Clayton-Greene, F.R.C.S. Leslie Paton, F.R.C.S. E. Graham Little, M.D. A. E. Wright, M.D.
Hon. Secretaries	F. A. Juler, B.A. H. J. Brewer.
Council	H. E. Corbin, B.Sc. M. F. Kelly, M.B. T. L. Drapes, M.B. G. E. Peachell, L.R.C.P., M.R.C.S. J. H. Freeman, B.A. J. M. Rahilly.

St. Mary's Hospital Hockey Club.

Inter-Hospital Competition.

ST. MARY'S *v.* ST. BARTHOLOMEW'S.

We regret that we are unable to publish a detailed report of this fixture for the edification of our readers. In the memories of those concerned has been successfully developed a comfortable hiatus, rendering it impossible for us to attain to any very accurate knowledge on the subject of how our men enjoyed themselves.

With a view to obtaining "Survivors' Thrilling Narratives" we have interviewed several gentlemen, but, owing to the lapse of memory already alluded to, we could only hear that it was considered probable that we scored one goal, while our opponents' score was beyond recall. At last, however, we learnt from one—a more advanced arithmetician than the others, that the Bart's total might be reckoned as not less than fifteen or sixteen goals. "The rest is silence"—except as to one point, namely, that the ground was in bad condition. We can understand that parts of it would be so, at all events.

Although we write jestingly of the result, we are sincerely sorry that the energy and keenness displayed

by many members of the Club should have met with such scant success.

Considering how late the team was got up, perhaps a better result could not have been expected, in spite of the good management and many practices; and it must be remembered that Hockey scores are proverbially large. We wish the Club better luck next year.

The Society of Medical Phonographers.

This Society will hold its Annual Shorthand Examination in May, 1904. Two prizes will be offered, each of the value of £3, one for first year Students and one for Students of more than one year's standing. The competition will be open without entrance fee to any Registered Medical Student in the United Kingdom who has not taken a first prize at one of the Society's previous examinations.

Intending Candidates should send in their names as early as possible and in any case before April 15th, to Dr. P. G. GRIFFITH, Villa Molitor, Green Lanes, Hornsey, N., who will supply a detailed prospectus of the examination.

St. Mary's Hospital Football Clubs.

RUGBY.

Inter-Hospital Cup-Tie: Semi-final Round.

ST. MARY'S *v.* LONDON.

This game was played at Richmond on Thursday, February 25th, before a fairly good attendance. The ground was in splendid condition, and so the play was very fast throughout. St. Mary's were hopelessly routed by 38 points to nil, the weakness lying in our three-quarter line.

The London backs played very well together, the tries being scored by Lloyd (4), Vernon (4), Curl, and W. J. Gibson, and their forwards were well led by C. T. Scott.

At the commencement of the game the Mary's forwards more than held their own, and drove London right on to their line. Louwrens very nearly crossed it, but was just held up. This was about the full extent of our pressure, and soon afterwards London were given a free kick for off-side. Scott, with a very fine shot, just failed to score.

Directly afterwards Grogono started a bout of passing which ended in W. J. Gibson scoring wide out; the kick at goal failed. The London outsides now got fairly going, and some good passing by the three-quarters enabled Vernon to score right behind the posts. This was easily converted.

Mary's now, by the aid of good work by the forwards and Louwrens and Phillips, pressed again, and it looked as if a score might result, but the London defence was too deadly, Lloyd finally relieving with a good kick. More passing by the London three-quarters ended in Curl scoring the third try—the shot at goal again failing. About two minutes later Lloyd obtained another try, which was converted. The whistle then blew for half-time, London leading by 16 points to nil.

The second half was even more disastrous; Mary's did not press once. After about two minutes' play Lloyd scored again, the kick at goal failing. From a scrum about half-way, Phillips got the ball out and passed to Louwrens, but disgraceful passing amongst our three-quarters enabled Vernon to intercept; he outpaced all our men and gained a good try. Directly after this Lloyd again scored, but again the shot at goal failed.

Now there was only one team in it, and London did just as they pleased, Vernon scoring two more tries and Lloyd one; two of them being converted, left London winners by four goals and six tries to nothing.

Our forwards did remarkably well against a heavier pack, and only praise can be given them for their plucky display. All through the season they have shown great keenness and trained hard, always turning up at practices in full force, which is more than can be said of the outsides.

Louwrens and Phillips played very good games at half as usual. The three-quarters were not in their best form, missing their men time after time, and the passes they got they knocked forward. They allowed their men to pass them, and then gave chase. Ollerhead was the best on the day's play. Quirk, at back, was sound, but slow.

Thanks are due to Freeman and Louwrens for their keenness in getting up practice games at Acton and scrum practices, these accounting for the forwards being in such excellent training.

Team.—F. W. Quirk, *Back;* H. S. Ollerhead, W. R. Taylor, R. G. Buckby, and R. D. Neagle, *Three-quarters;* J. J. Louwrens and B. Phillips, *Halves;* J. Freeman (Capt.); H. G. Beckett, R. A. Bryden, C. G. Galpin, F. A. Juler, C. M. Wilson, E. D. Anderson, and A. Stratton, *Forwards.* H. J. B.

ASSOCIATION.

Inter-Hospital Cup-Tie.

ST. MARY'S *v.* ST. GEORGE'S.

Having drawn a bye for the first round, St. Mary's met St. George's at Hale End on February 19th in the second round of the Inter-Hospital competition.

The weather was perfect but the ground was rather soft, the ball soon becoming very heavy. St. Mary's, after a most uneven game, won by 5 goals to 1, thus qualifying to meet Guy's in the semi-final.

From the kick-off St. Mary's took the ball down to the George's goal and looked like scoring at once, but had to be content with a corner. Neagle took the kick very nicely, but our forwards did not manage to touch the ball through and it went behind. The game was then transferred to the centre of the field, where some loose play took place; but Archer soon got away with the ball, and, dribbling right through the George's backs, scored the first point. St. George's now took the ball down to the other end, and for some minutes looked dangerous, but Willis and A. Bevis, by some excellent work, prevented them from shooting. After this, St. Mary's were pressing nearly all the

St. Mary's through the Electrophone.

Monday morning.—Well, ma'am, I'm sorry to say... please don't talk or we can't hear the 'buses pass...oh, it's no disgrace at all !...you must have all your clothes baked by the Parish...take *all* your children round to the doctor with the microscope...small-spore?

Monday afternoon.—Look here, my man—haven't you got a lump about you anywhere?...what do you think it is?...oh, I haven't seen it yet...look at it, my boy, look at it...having regard to the peculiar acoustic properties of this room...

Tuesday morn.—Six-sixtieths...will you sit at the back there, please...come away, Johnnie...look down at your feet...L.A.B. U.A.B....now we'll go up to the theatre.

Tuesday aft.—And someone said Ananias wasn't in it...will you give him please...I want you to chew up one lozenge with the first mouthful of food...that will do, thank you—next please.

Tuesday aft.—Say eh, say eh, say eh...take-a-tea-spoonful-of-the-powder-which-I-will-prescribe-dissolve-it-in-a-tumblerful-of-warm-water-sniff-it-up-the-nose-night-and-morning-next.

Wednesday morn.—In the kidney—well of course you do sometimes...but you often don't...but supposing you did...at any rate in the spleen...this is a specimen of...HUGGINS !

Wednesday aft.—What have been your habits with regard to stimulants—what?...better knock it off altogether...no question at all about it...quite...setting aside for the moment the possibility of the diagnosis being one of glioma of the cord...

Thursday aft.—(*pp*) Go in the room...(*mf*) go in the room...(*ff*) go—in—the—room!...chronic endometritis ...I think one might consider just for the moment the possibility of the history she gives being to some extent correct.

Friday aft.—Now you've percussed out the spinal column what are you going to do next?...diagnosis not known.. prognosis indefinite...treatment *nil*...and he died...oh, you can give it if you like...it's no good ...they all die.

Friday aft.—Here's a case...a poor woman...a perfect storm of pain...*yes*...about the size of a tangerine orange.

Saturday morn.—Get your forceps on straight... push...harder...harder...no, not yet...now outwards... *outwards*...get out of the way !

Sunday morn. (2 *a.m.*).—Wells' forceps...the largest-sized drainage tube, Mr. Dresser, please...oh no, one of *mine*...ah, there's the nasty little thing...hot saline, Sister, please...chop !...*voila !*

St. Mary's Hospital Chess Club.

In the inter-hospital chess match against St. George's Hospital St. Mary's turned out one short in a team of six. The play resulted in two wins for St. Mary's and three for St. George's, the total forming a win for St. George's.

The match against London Hospital resulted in a win for that hospital by three wins and three draws.

A. S. W.

St. Mary's Hospital Medical Society.

A meeting was held on February 10th in the Physiological Theatre, Dr. Poynton, the President, being in the chair. The paper of the evening was read by Dr. Collingwood, on "The Causation of Emphysema." Dr. Collingwood showed some excellent working models illustrating his picture of the physical conditions of the lungs in this disease.

Some cases were to have been shown, but, owing to the fearful state of the weather on this night, it was impossible for them to be present. To the same cause may be attributed the very small attendance of members at this meeting.

On February 24th a meeting was held in the Library, Dr. Poynton being in the chair. A paper entitled "Some points of interest in the Treatment of Nervous Diseases" was read by Dr. J. Collier. We hope to publish this paper in the next number of the Gazette.

At a meeting held on March 9th, under the Presidency of Dr. Poynton, the following Officers were elected for the Session 1904-5 :

President ...	V. Warren Low, F.R.C.S.
Vice-Presidents	W. H. Clayton-Greene, F.R.C.S. Leslie Paton, F.R.C.S. E. Graham Little, M.D. A. E. Wright, M.D.
Hon. Secretaries	F. A. Juler, B.A. H. J. Brewer.
Council	H. E. Corbin, B.Sc. M. F. Kelly, M.B. T. L. Drapes, M.B. G. E. Peachell, L.R.C.P., M.R.C.S. J. H. Freeman, B.A. J. M. Rahilly.

St. Mary's Hospital Hockey Club.

Inter-Hospital Competition.

ST. MARY'S *v.* ST. BARTHOLOMEW'S.

We regret that we are unable to publish a detailed report of this fixture for the edification of our readers. In the memories of those concerned has been successfully developed a comfortable hiatus, rendering it impossible for us to attain to any very accurate knowledge on the subject of how our men enjoyed themselves.

With a view to obtaining "Survivors' Thrilling Narratives" we have interviewed several gentlemen, but, owing to the lapse of memory already alluded to, we could only hear that it was considered probable that we scored one goal, while our opponents' score was beyond recall. At last, however, we learnt from one—a more advanced arithmetician than the others, that the Bart's total might be reckoned as not less than fifteen or sixteen goals. "The rest is silence"—except as to one point, namely, that the ground was in bad condition. We can understand that parts of it would be so, at all events.

Although we write jestingly of the result, we are sincerely sorry that the energy and keenness displayed

by many members of the Club should have met with such scant success.

Considering how late the team was got up, perhaps a better result could not have been expected, in spite of the good management and many practices; and it must be remembered that Hockey scores are proverbially large. We wish the Club better luck next year.

The Society of Medical Phonographers.

This Society will hold its Annual Shorthand Examination in May, 1904. Two prizes will be offered, each of the value of £3, one for first year Students and one for Students of more than one year's standing. The competition will be open without entrance fee to any Registered Medical Student in the United Kingdom who has not taken a first prize at one of the Society's previous examinations.

Intending Candidates should send in their names as early as possible and in any case before April 15th, to Dr. P. G. GRIFFITH, Villa Molitor, Green Lanes, Hornsey, N., who will supply a detailed prospectus of the examination.

St. Mary's Hospital Football Clubs.

RUGBY.

Inter-Hospital Cup-Tie: Semi-final Round.

ST. MARY'S *v.* LONDON.

This game was played at Richmond on Thursday, February 25th, before a fairly good attendance. The ground was in splendid condition, and so the play was very fast throughout. St. Mary's were hopelessly routed by 38 points to nil, the weakness lying in our three-quarter line.

The London backs played very well together, the tries being scored by Lloyd (4), Vernon (4), Curl, and W. J. Gibson, and their forwards were well led by C. T. Scott.

At the commencement of the game the Mary's forwards more than held their own, and drove London right on to their line. Louwrens very nearly crossed it, but was just held up. This was about the full extent of our pressure, and soon afterwards London were given a free kick for off-side. Scott, with a very fine shot, just failed to score.

Directly afterwards Grogono started a bout of passing which ended in W. J. Gibson scoring wide out; the kick at goal failed. The London outsides now got fairly going, and some good passing by the three-quarters enabled Vernon to score right behind the posts. This was easily converted.

Mary's now, by the aid of good work by the forwards and Louwrens and Phillips, pressed again, and it looked as if a score might result, but the London defence was too deadly, Lloyd finally relieving with a good kick. More passing by the London three-quarters ended in Curl scoring the third try—the shot at goal again failing. About two minutes later Lloyd obtained another try, which was converted. The whistle then blew for half-time, London leading by 16 points to nil.

The second half was even more disastrous; Mary's did not press once. After about two minutes' play Lloyd scored again, the kick at goal failing. From a scrum about half-way, Phillips got the ball out and passed to Louwrens, but disgraceful passing amongst our three-quarters enabled Vernon to intercept; he outpaced all our men and gained a good try. Directly after this Lloyd again scored, but again the shot at goal failed.

Now there was only one team in it, and London did just as they pleased, Vernon scoring two more tries and Lloyd one; two of them being converted, left London winners by four goals and six tries to nothing.

Our forwards did remarkably well against a heavier pack, and only praise can be given them for their plucky display. All through the season they have shown great keenness and trained hard, always turning up at practices in full force, which is more than can be said of the outsides.

Louwrens and Phillips played very good games at half as usual. The three-quarters were not in their best form, missing their men time after time, and the passes they got they knocked forward. They allowed their men to pass them, and then gave chase. Ollerhead was the best on the day's play. Quirk, at back, was sound, but slow.

Thanks are due to Freeman and Louwrens for their keenness in getting up practice games at Acton and scrum practices, these accounting for the forwards being in such excellent training.

Team.—F. W. Quirk, *Back;* H. S. Ollerhead, W. R. Taylor, R. G. Buckby, and R. D. Neagle, *Three-quarters;* J. J. Louwrens and B. Phillips, *Halves;* J. Freeman (Capt.); H. G. Beckett, R. A. Bryden, C. G. Galpin, F. A. Juler, C. M. Wilson, E. D. Anderson, and A. Stratton, *Forwards.* H. J. B.

ASSOCIATION.

Inter-Hospital Cup-Tie.

ST. MARY'S *v.* ST. GEORGE'S.

Having drawn a bye for the first round, St. Mary's met St. George's at Hale End on February 19th in the second round of the Inter-Hospital competition.

The weather was perfect but the ground was rather soft, the ball soon becoming very heavy. St. Mary's, after a most uneven game, won by 5 goals to 1, thus qualifying to meet Guy's in the semi-final.

From the kick-off St. Mary's took the ball down to the George's goal and looked like scoring at once, but had to be content with a corner. Neagle took the kick very nicely, but our forwards did not manage to touch the ball through and it went behind. The game was then transferred to the centre of the field, where some loose play took place; but Archer soon got away with the ball, and, dribbling right through the George's backs, scored the first point. St. George's now took the ball down to the other end, and for some minutes looked dangerous, but Willis and A. Bevis, by some excellent work, prevented them from shooting. After this, St. Mary's were pressing nearly all the

St. Mary's through the Electrophone.

Monday morning.—Well, ma'am, I'm sorry to say... please don't talk or we can't hear the 'buses pass...oh, it's no disgrace at all !...you must have all your clothes baked by the Parish...take *all* your children round to the doctor with the microscope...small-spore?

Monday afternoon.—Look here, my man—haven't you got a lump about you anywhere?...what do you think it is?...oh, I haven't seen it yet...look at it, my boy, look at it...having regard to the peculiar acoustic properties of this room...

Tuesday morn.—Six-sixtieths...will you sit at the back there, please...come away, Johnnie...look down at your feet...L.A.B. U.A.B....now we'll go up to the theatre.

Tuesday aft.—And someone said Ananias wasn't in it...will you give him please...I want you to chew up one lozenge with the first mouthful of food...that will do, thank you—next please.

Tuesday aft.—Say eh, say eh, say eh...take-a-tea-spoonful-of-the-powder-which-I-will-prescribe-dissolve-it-in-a-tumblerful-of-warm-water-sniff-it-up-the-nose-night-and-morning-next.

Wednesday morn.—In the kidney—well of course you do sometimes...but you often don't...but supposing you did...at any rate in the spleen...this is a specimen of...HUGGINS !

Wednesday aft.—What have been your habits with regard to stimulants—what?...better knock it off altogether...no question at all about it...quite...setting aside for the moment the possibility of the diagnosis being one of glioma of the cord...

Thursday aft.—(*pp*) Go in the room...(*mf*) go in the room...(*ff*) go—in—the—room!...chronic endometritis ...I think one might consider just for the moment the possibility of the history she gives being to some extent correct.

Friday aft.—Now you've percussed out the spinal column what are you going to do next?...diagnosis not known.. prognosis indefinite...treatment *nil*...and he died...oh, you can give it if you like...it's no good ...they all die.

Friday aft.—Here's a case...a poor woman...a perfect storm of pain...*yes*...about the size of a tangerine orange.

Saturday morn.—Get your forceps on straight... push...harder...harder...no, not yet...now outwards... *outwards*...get out of the way !

Sunday morn. (2 *a.m.*).—Wells' forceps...the largest-sized drainage tube, Mr. Dresser, please...oh no, one of *mine*...ah, there's the nasty little thing...hot saline, Sister, please...chop !...*voila !*

St. Mary's Hospital Chess Club.

In the inter-hospital chess match against St. George's Hospital St. Mary's turned out one short in a team of six. The play resulted in two wins for St. Mary's and three for St. George's, the total forming a win for St. George's.

The match against London Hospital resulted in a win for that hospital by three wins and three draws.

A. S. W.

St. Mary's Hospital Medical Society.

A meeting was held on February 10th in the Physiological Theatre, Dr. Poynton, the President, being in the chair. The paper of the evening was read by Dr. Collingwood, on "The Causation of Emphysema." Dr. Collingwood showed some excellent working models illustrating his picture of the physical conditions of the lungs in this disease.

Some cases were to have been shown, but, owing to the fearful state of the weather on this night, it was impossible for them to be present. To the same cause may be attributed the very small attendance of members at this meeting.

On February 24th a meeting was held in the Library, Dr. Poynton being in the chair. A paper entitled "Some points of interest in the Treatment of Nervous Diseases" was read by Dr. J. Collier. We hope to publish this paper in the next number of the Gazette.

At a meeting held on March 9th, under the Presidency of Dr. Poynton, the following Officers were elected for the Session 1904-5 :

President ...	V. Warren Low, F.R.C.S.
Vice-Presidents	W. H. Clayton-Greene, F.R.C.S. Leslie Paton, F.R.C.S. E. Graham Little, M.D. A. E. Wright, M.D.
Hon. Secretaries	F. A. Juler, B.A. H. J. Brewer.
Council	H. E. Corbin, B.Sc. M. F. Kelly, M.B. T. L. Drapes, M.B. G. E. Peachell, L.R.C.P., M.R.C.S. J. H. Freeman, B.A. J. M. Rahilly.

St. Mary's Hospital Hockey Club.

Inter-Hospital Competition.

ST. MARY'S *v.* ST. BARTHOLOMEW'S.

We regret that we are unable to publish a detailed report of this fixture for the edification of our readers. In the memories of those concerned has been successfully developed a comfortable hiatus, rendering it impossible for us to attain to any very accurate knowledge on the subject of how our men enjoyed themselves.

With a view to obtaining "Survivors' Thrilling Narratives" we have interviewed several gentlemen, but, owing to the lapse of memory already alluded to, we could only hear that it was considered probable that we scored one goal, while our opponents' score was beyond recall. At last, however, we learnt from one—a more advanced arithmetician than the others, that the Bart's total might be reckoned as not less than fifteen or sixteen goals. "The rest is silence"—except as to one point, namely, that the ground was in bad condition. We can understand that parts of it would be so, at all events.

Although we write jestingly of the result, we are sincerely sorry that the energy and keenness displayed

by many members of the Club should have met with such scant success.

Considering how late the team was got up, perhaps a better result could not have been expected, in spite of the good management and many practices; and it must be remembered that Hockey scores are proverbially large. We wish the Club better luck next year.

The Society of Medical Phonographers.

This Society will hold its Annual Shorthand Examination in May, 1904. Two prizes will be offered, each of the value of £3, one for first year Students and one for Students of more than one year's standing. The competition will be open without entrance fee to any Registered Medical Student in the United Kingdom who has not taken a first prize at one of the Society's previous examinations.

Intending Candidates should send in their names as early as possible and in any case before April 15th, to Dr. P. G. GRIFFITH, Villa Molitor, Green Lanes, Hornsey, N., who will supply a detailed prospectus of the examination.

St. Mary's Hospital Football Clubs.

RUGBY.

Inter-Hospital Cup-Tie: Semi-final Round.

ST. MARY'S *v.* LONDON.

This game was played at Richmond on Thursday, February 25th, before a fairly good attendance. The ground was in splendid condition, and so the play was very fast throughout. St. Mary's were hopelessly routed by 38 points to nil, the weakness lying in our three-quarter line.

The London backs played very well together, the tries being scored by Lloyd (4), Vernon (4), Curl, and W. J. Gibson, and their forwards were well led by C. T. Scott.

At the commencement of the game the Mary's forwards more than held their own, and drove London right on to their line. Louwrens very nearly crossed it, but was just held up. This was about the full extent of our pressure, and soon afterwards London were given a free kick for off-side. Scott, with a very fine shot, just failed to score.

Directly afterwards Grogono started a bout of passing which ended in W. J. Gibson scoring wide out; the kick at goal failed. The London outsides now got fairly going, and some good passing by the three-quarters enabled Vernon to score right behind the posts. This was easily converted.

Mary's now, by the aid of good work by the forwards and Louwrens and Phillips, pressed again, and it looked as if a score might result, but the London defence was too deadly, Lloyd finally relieving with a good kick. More passing by the London three-quarters ended in Curl scoring the third try—the shot at goal again failing. About two minutes later Lloyd obtained another try, which was converted. The whistle then blew for half-time, London leading by 16 points to nil.

The second half was even more disastrous; Mary's did not press once. After about two minutes' play Lloyd scored again, the kick at goal failing. From a scrum about half-way, Phillips got the ball out and passed to Louwrens, but disgraceful passing amongst our three-quarters enabled Vernon to intercept; he outpaced all our men and gained a good try. Directly after this Lloyd again scored, but again the shot at goal failed.

Now there was only one team in it, and London did just as they pleased, Vernon scoring two more tries and Lloyd one; two of them being converted, left London winners by four goals and six tries to nothing.

Our forwards did remarkably well against a heavier pack, and only praise can be given them for their plucky display. All through the season they have shown great keenness and trained hard, always turning up at practices in full force, which is more than can be said of the outsides.

Louwrens and Phillips played very good games at half as usual. The three-quarters were not in their best form, missing their men time after time, and the passes they got they knocked forward. They allowed their men to pass them, and then gave chase. Ollerhead was the best on the day's play. Quirk, at back, was sound, but slow.

Thanks are due to Freeman and Louwrens for their keenness in getting up practice games at Acton and scrum practices, these accounting for the forwards being in such excellent training.

Team.—F. W. Quirk, *Back;* H. S. Ollerhead, W. R. Taylor, R. G. Buckby, and R. D. Neagle, *Three-quarters;* J. J. Louwrens and B. Phillips, *Halves;* J. Freeman (Capt.); H. G. Beckett, R. A. Bryden, C. G. Galpin, F. A. Juler, C. M. Wilson, E. D. Anderson, and A. Stratton, *Forwards.* H. J. B.

ASSOCIATION.

Inter-Hospital Cup-Tie.

ST. MARY'S *v.* ST. GEORGE'S.

Having drawn a bye for the first round, St. Mary's met St. George's at Hale End on February 19th in the second round of the Inter-Hospital competition.

The weather was perfect but the ground was rather soft, the ball soon becoming very heavy. St. Mary's, after a most uneven game, won by 5 goals to 1, thus qualifying to meet Guy's in the semi-final.

From the kick-off St. Mary's took the ball down to the George's goal and looked like scoring at once, but had to be content with a corner. Neagle took the kick very nicely, but our forwards did not manage to touch the ball through and it went behind. The game was then transferred to the centre of the field, where some loose play took place; but Archer soon got away with the ball, and, dribbling right through the George's backs, scored the first point. St. George's now took the ball down to the other end, and for some minutes looked dangerous, but Willis and A. Bevis, by some excellent work, prevented them from shooting. After this, St. Mary's were pressing nearly all the

time; the halves kept the forwards well fed, and only allowed the George's men to pass them once again during the first half, when our backs had to clear. A. Bevis was unfortunate in getting a nasty kick, and this prevented him from getting about much for the rest of the game. Just before the interval Archer found the net again with a fine low shot, which the goalkeeper had no chance of stopping.

After half-time the Mary's men slacked down for a bit, and play was of a scrambling nature for some time; however, they soon got to work again, and from now to the end kept the George's goalkeeper busy nearly all the time. Neagle took the ball down the touch-line again and again, but nearly always failed to centre until it was too late. Archer soon put the ball through again from some close play in front of goal. George's were now obviously tiring, and our men put in shot after shot, and, but for the excellent display of the George's goalkeeper, would have registered many more points. After a time George's took the ball down to our end, and Johnson had to save one very nasty shot. However, St. Mary's soon got away again, and Bennett touched the ball through from one of the numerous corners. Soon after this the George's centre half, who was playing a fine game, ran right through with the ball, and passed to the outside right, who centred nicely, and a goal resulted. The shot was a very hard one, which Johnson could not reach. From the kick-off after this the Mary's forwards, by means of good combination, got through their opponents' defence, and Ollerhead passed to Bennett, who put the ball through, thus scoring our last point just before the game ended.

The result was largely due to the splendid play of our halves, all of whom, besides feeding the forwards well, put in some excellent shots; the George's forwards found it most difficult to pass them. The forwards combined nicely, but their shooting was weak. Archer played a grand game. The team was immensely strengthened by Willis playing back; he had a good deal of extra work to do whenever George's got down to our end, owing to A. Bevis' injury. The one-sidedness of the game can be seen from the fact that George's conceded eighteen corners.

Team.—V. G. Johnson; H. G. Willis, A. W. Bevis; J. Pugh, H. Bevis, F. W. Hobbs; H. S. Ollerhead, F. C. H. Bennett, E. W. Archer, H. L. Barker, R. D. Neagle.

Semi-final Round.

ST. MARY'S *v.* GUY'S.

In this Cup-tie, played at Acton on March 8th, St. Mary's met with disastrous defeat, losing by 12 goals to nil.

The weather was glorious, and, considering the school was not closed, a fairly large number turned up to watch the game. The ground was in a very bad state, being under water in some places.

St. Mary's won the toss, and commenced with the sun behind them. The opening stages of the game were fairly evenly contested, but Guy's scored after about fifteen minutes' play. Neagle made one or two characteristic runs for Mary's, but could not manage to score. Guy's soon obtained a second goal from a soft shot, which hit the upright and rebounded into the net. From the kick-off St. Mary's got the ball down to the Guy's goal, and A. Bevis put in a hot shot, which unfortunately hit the post and bounced back into play. After this, Mary's had to defend almost continually until half-time; Guy's put on two more goals, leaving the score four points to nil at the interval.

In the second half Guy's were attacking nearly all the time, and their forwards seemed to do just what they liked with the ball. Our defence was kept very busy, Willis especially doing a tremendous amount of work, but in spite of this Guy's got through again and again. The Mary's forwards took the ball down now and then, but combination was out of the question with the ground in such a state, and the Guy's backs always managed to clear. Once A. Bevis headed the ball through from a pass by Neagle, but he was given off-side. Meanwhile Guy's were putting on goal after goal, and the Mary's halves and backs were getting very fagged. Altogether in the second half Guy's obtained eight more points, Barber, as usual, being very prominent; Johnson gave away two or three rather weakly, notably one which went between his legs. Just before the end Barker, who played a good game all through, looked like getting a certain goal, but he put in rather a weak shot, which the Guy's goalkeeper just managed to reach. For the last few minutes of the game St. Mary's attacked, but no goal was obtained, and the result was left as stated.

Team.—V. G. Johnson; H. G. Willis and H. C. Mulkern; J. Pugh, H. Bevis, and F. W. Hobbs; R. D. Neagle, H. L. Barker, E. W. Archer, F. C. H. Bennett, and A. W. Bevis.

Inter-Hospital Association Junior Cup.

ST. MARY'S A. *v.* ST. THOMAS'S A.

This match was played at Chiswick on March 3rd, and resulted in a win for St. Thomas's by 2 goals to nil. St. Mary's had to commence two short, and St. Thomas's had all the game at the beginning, and very soon scored. However, Bellamy put in an appearance ten minutes late, and this somewhat strengthened our defence. Thomas's scored again just before half-time.

In the second half St. Thomas's kept our defence very busy, and Hobbs in goal had a good deal to do. Neither side scored again, and the result was left as above stated.

St. Mary's halves played a good defensive game, but were not well supported by the backs, who mis-kicked time after time. Thompson played a good game forward, but the others, being Rugger men, were not able to combine much. The club should be grateful to the Rugger men who turned out on such short notice; but for them we should not have been able to raise a team. Taylor especially played a very hard game at half. St. Mary's played one short during the whole game, as one man did not turn up at all for some unknown reason.

Team.—R. A. Hobbs; J. H. Burdett, J. D. Bellamy; C. C. Keates, C. W. G. Bryan, W. R. Taylor; A. A. Straton, G. S. Thompson, F. W. Quirk, J. E. L. Johnston.

C.W.G.B.

Correspondence.

To the Editor of "St. Mary's Hospital Gazette."
February 21st, 1904.

Dear Brother Editor,—It was indeed a gratification to me to read the cheery greeting in the "St. Mary's Hospital Gazette" for January. Clearly, it was penned by one who knew me in my old country practice days at home. I little expected when I sent a few of my yearly Christmas cards across the water to receive so hearty an acknowledgment. Speaking generally, we are all too busy in these hustling days to give more than a passing thought to the little courtesies that come our way. Not expecting many acknowledgments I am not disappointed at not getting them, as a rule, but that makes me all the more delighted when I do.

I have been so long away from the old country now —nearly eleven years—that I have almost entirely lost track of all I once knew. The demands of the "strenuous life" leave one little time for the amenities of good fellowship, and naturally, what time one does get turns chiefly in the direction of those with whom one comes into almost daily contact, rather than of those who are as "far removed as the Garamantes." Why, even in London, the man who lives in the neighbourhood of say, Cavendish Square, sees but little of his one-time friend who is settled in Kew or Woolwich, or even in Bermondsey. Nay, even he of Hammersmith drifts almost apart. But never a single day passes with me but some thought flies back to the friends of the old time and life, often many a one a day. For myself, I think that the longer one remains away the more English does one become. Even my friends here tell me that. And I feel that they are near the truth. There is a difference here of "mental and moral atmosphere" that, unless one is "caught young," seems to be never overcome. To the average Englishman of the educated classes, who has lived long enough at home to have his ideas of the relations of "all sorts and conditions of men" crystallised, thorough adaptation to the basic conditions here seems impossible. I am not alone in this. Nearly all the Englishmen I meet here tell me the same thing. It is not a question of better or worse, so much as one of hopeless difference. I have learned to understand the American's point of view well enough, and I can understand that, much as he may enjoy a time in England, he feels the same sense of exaggerated "foreignness" there as I do here. I do not quarrel with him for it; I ask him not to quarrel with me for it either.

As a matter of fact, it is the product of heredity, too deeply rooted, when once fully cultivated in the individual, to be entirely uprooted in that individual. The change of environment must either begin early, or be postponed to the next generation. As the poet says (or, if he does not say it, he ought to say it, so I will say it for him):—

In patriam dulcem vertit mens exulis aeger;
Cariorem antiqua neo sinit esse novam.

No ghosts, mascotte or otherwise, have followed me across the Atlantic. I lead a humdrum but hard-worked life—anywhere from sixty to seventy hours' work a week on my editorial duties alone; consequently I have no time to practise, and, I must own, no inclination if I had. Such outside work as I do to eke out my meagre resources, and try to obtain butter and, perchance once in a way, marmalade in addition, for my bread, is purely literary. The cost of the *essentials* —"fixed charges"—of life is so great in New York, that by the time I have paid rent, coal, gas, and wages, four-fifths of my income is disposed of, and only one-fifth remains for food, clothing, and amusements; as to emergencies, holiday trips, or the future of life, those must go by the wall. I comfort myself with the recollection that I am not so badly off as many better men, who have not even *adequate* necessities in the way of housing, etc. Yet, to pay £72 a year for two perfectly green girls who have never been out to service before, and one of them only about fourteen years of age, and then to see one's wife compelled to do at least half the work of the house, including all the cooking, is not exactly one's idea of Arcadia. And the worst of it is, that one knows that as soon as the girls know a bit and are beginning to be really useful and able to run the house by themselves, without looking to the mistress for directions and example in every detail, after all the trouble of teaching, they will want about £90 a year between them, and get it elsewhere without difficulty, does not constitute exactly a gospel of hope.

I see St. Mary's is forging ahead all the time as one of the most progressive medical schools in England, and it does my heart good to see it. Floreat semper —et postea.

I hope the Gazette receives the "New York Medical Journal," which a long time ago I had entered on our free list. Perhaps it is of some interest in the Student's Club, which, by the way, must be a great addition to the school. It did not exist in my time. Perhaps it might have kept me out of some mischief if it had existed.

It was a great delight to me to meet Mr. Malcolm Morris when he was over here some time ago to deliver the Cooper lectures in San Francisco. I hope that when any more of our staff—or alumni, for that matter—come over to this side, they will not forget that an old St. Mary's man is here, but will shed the light of their countenance upon him. And, moreover, I trust that if they are coming to deliver international lectures or anything of that kind, they will give the New York and Philadelphia Medical Journal the first chance of the publication of their addresses, partly from a kindly feeling to one of their own alma mater, and not less because they will thus reach as large a field as any journal in America can give them. We have over 22,000 subscribers now, and our list is increasing all the time, and we are making a hard fight to become the admittedly most influential medical journal in the United States. And we mean to get there, in due course. Tens of thousands of dollars have been sunk in the journal, and we are all working at close salaries cheerfully to enable the management to increase its features from time to time until the journal shall *command* an unrivalled position.

I met Sims Woodhead when he was over here a

short time ago to deliver the Phipps lecture. I had never connected him mentally with the Woodhead whom I met at Aldershot in 1889, when I was attached for a week's training to the Volunteer Medical Staff Corps. He spotted me, though, instantly, and we made the interesting discovery that each had the other's picture in a group that hangs on the study wall. Since then I have seen quite a little of Philadelphia—that was my first visit there—and it is much more homelike to an Englishman than New York; there is less rushing, more courtesy and politeness, which people here have no time for, and altogether a greater air of peace and satisfaction with life. Yet I did not find it at all a dull city—quite the contrary. You can almost fancy yourself in the West-end of London in Philadelphia.

And now, I think, I have returned evil for good, in the infliction of this lengthy letter, to satisfy even the most ungracious mortal in the world, so I had better close, or when my next year's Christmas card finds its way to you, instead of reading a gracious acceptance of its contents in the following issue of the Gazette, I shall mentally follow its course into the waste-paper basket, and thence to the final transmutation of matter. So farewell.

Yours expatriatedly.

KENNETH W. MILLICAN.

Reviews of Books.

A HANDBOOK OF OPHTHALMIC SCIENCE AND PRACTICE. By HENRY E. JULER, F.R.C.S., Ophthalmic Surgeon to St. Mary's Hospital; Consulting Surgeon to the Royal Westminster Ophthalmic Hospital; Consulting Ophthalmic Surgeon to the London Lock Hospitals. Third Edition. Pp. xix. and 733. Illustrated. Smith, Elder & Co., London, 1904. Price 21s.

We know that Mr. Juler's text-book requires no introduction to a St. Mary's audience. Like good wine it needs no bush, but when it re-appears in more portly guise it is but right that we should taste and see lest age have impaired its flavour; and, having tasted, we can confidently say that it shows no impairment, but the improved mellowness that years have brought. There is a pleasing rotundity of form—proof that it has survived the storms and wayward currents of early life and reached to a firm stand-place in the hierarchy of ophthalmic literature. After such a mélange of metaphorical hors d'œuvres it may seem commonplace to note some of the points which strike one on reading Mr. Juler's book. Firstly, we may notice that there is never any doubt about the meaning: the expression is always lucid, and we know what the author wishes to say. This may seem light praise, but it is not so. A book which exactly conveys the meaning of its writer to its reader is by no means a common thing. Style has been defined as the simplest expression in the fewest words of a lucidly-conceived thought, and clearness of expression can only result from clearness of thinking. Again, there is not too much in the book. It does not strive to be a book for the specialist, but remains—and rightly remains—a handbook for the general practitioner and student. Yet with it on his shelf the doctor may be sure that he has a reliable book of reference when an eye-problem confronts him. Thirdly, the book is the result of clinical and practical experience. Read Mr. Juler's description of how to do a cataract operation, and you have a pen-and-ink sketch of what you may see him do any Friday in the year in the operating theatre of St. Mary's. You learn the difficulties he himself has met with, and the means he has used to overcome them. Lastly, there is one feature in which the book surpasses any other English text-book, the wealth of illustration both in the text and in the form of Plates. The coloured plates were a feature of previous editions. For this edition Mr. Keeling has provided a new set of microscopical drawings illustrative of various pathological conditions, which have been carefully drawn from actual microscopical sections, and which have been beautifully reproduced by process engraving. We heartily welcome this new edition of Mr. Juler's book, and wish it the success it deserves.

THE NUTRITION OF THE INFANT. By RALPH VINENT, M.D., M.R.C.P. London: Baillière, Tindall & Cox.

This may be called the gospel of the Milk Laboratory, and we fancy it will fall upon many ears not yet prepared for—shall we say educated up to?—its doctrines. The author acknowledges in his preface his great indebtedness to Rotch, of Boston, who was the apostle of the percentage preparation and the milk prescription; the work before us gives a full and lucid explanation of the *rationale* and details of this up-to-date plan of feeding infants, and those who are desirous of obtaining a grasp of the subject cannot do better than consult its pages. We must confess, however, that, without denying a possible brilliant future to this scientific suckling, we are hardly inclined to grant it a brilliant present, and especially we at St. Mary's, who have still active amongst us one who has triumphantly demonstrated the way to feed infants scientifically and yet simply, and we still commend this safe and sound method as preferable to the new-fangled, expensive, and complex milk prescription for the busy practitioner. However, should any feel inclined to try this method, we can unhesitatingly recommend this book as being a reliable and clearly-written work on the subject.

THE STERILISATION OF URETHRAL INSTRUMENTS, by HERBERT T. HERRING, M.B., B.S. (Durh.), M.R.C.S. (H. K. Lewis.)

Modern teaching and training tend towards specialisation, we are always being told, and indeed this tendency seems unavoidable. But even granted that it be needful, there is surely some limit to this focussing down. The work under review treats of a very minute part of a small but important subject—the technique of asepsis—nevertheless the volume is expanded to some 170 pages, and is illustrated by nearly 40 figures. This without doubt is Surgery-under-the-Twelfth, and much stress is laid on the

proper method of applying the oil immersion to a catheter.

Should, however, any one desire to become, above all things, a cleaner of catheters, this book should set him high in his calling, containing as it does not only the author's methods at arriving at a state of perfection, but also criticisms of all the ordinary routes to this end. Perhaps the most interesting part of the book deals with the sterilisation of the gum-elastic instrument, and combats the generally accepted idea that this kind of catheter will not stand boiling. We are told that this method of preparation is quite possible if, firstly, the instrument be of a good make, and secondly, if it be boiled unbent and hanging perpendicularly. An upright cylindrical boiler is described for this purpose, and the author advocates putting a layer of liquid vaseline on the surface of the column of sterilising water, so that when withdrawn, the catheters are found covered with a uniform layer of oil and ready for use, thus avoiding any further manipulation. If, therefore, this book supplies a want, we are sure it supplies it very thoroughly, and we cannot leave it without saying that it is exceptionally well printed and bound, in fact the production of the book could not be bettered in any way.

AIDS TO SURGERY, by JOSEPH CUNNING, M.B., B.S., F.R.C.S.Eng. (Baillière, Tindall & Cox.)

If some books err in being too dilute, not so this one. This is about as concentrated a volume as we have seen since "Pocket Gray." There are facts crystalising out all over the pages in black type and italics—facts in strings and lumps of facts!

We are told in the preface "that the arrangement of that excellent and popular text-book, 'Rose and Carless,' has been closely followed," but those who ought to know have often insisted in our hearing, and we have always endeavoured to believe them in this as in all things, that any "Manual of Surgery" must be too short and condensed to be quite perfect; what then shall we say to the 384 pages of the condensed product as compared with the 1,200 pages of the mother-liquor? Seriously, we think we may say that the service of such a book to "students preparing for examinations" depends almost solely on the writer of it, and that the writer of all such books should be the unfortunate student himself. As a matter of fact, should he conscientiously "boil down" his "Rose and Carless" he would produce a volume differing but very slightly from this one. Then doubtless, if he still survive, the reward of success would be his, but due far more to the writing than to the reading of his book. And this is our point. For such a book to be of any real use to a man he must write it himself, and this being so, to whom can we recommend it?

THE LATIN GRAMMAR OF PHARMACY. By JOSEPH INCE, F.C.S. London: Baillère, Tindall & Cox. 8th edition.

We are glad to be reminded, by the appearance of this work's 8th edition, that the desire to write prescriptions *secundum artem* has not been entirely ousted by the fascination of the ubiquitous tabloid. The book is copiously illustrated with actual prescriptions, and we may say that it treats of every single application of the Latin language to Medicine and Pharmacy. Its only fault is, perhaps, being too full: for instance, we hardly think the conjugation at length of the regular and irregular verbs is entirely cognate with the subject. What, for instance (save with the case of the possible romance of a lady apothecary), has the verb Amo, or its passive Amor, to do with the dispensary? There is a useful double glossary, and we recommend this work to all and sundry, especially those who are reading for degrees in medicine, and in whose minds the multiplicity of modern learning has, perhaps, somewhat overshadowed the memory of the tongue of Galen.

Appointments.

ASH, E. LAUNCELOT, L.R.C.P., M.R.C.S., has been appointed Assistant House Surgeon, East Sussex Hospital.

AUSTIN, E. C., F.R.C.S.E., L.R.C.P., M.R.C.S., has been appointed Certifying Surgeon under the Factory Act for the Broughton Astley district of the County of Leicester.

BATTEN, H. E., L.R.C.P., M.R.C.S., has been appointed Junior House Surgeon, Wigan Infirmary, Lancashire.

COGSWELL, P. D., L.R.C.P., M.R.C.S., has been appointed Medical Officer of the Stanton district in the Hinckley Union.

DRAPES, T. L., L.R.C.P., M.R.C.S., has been appointed House Physician to Dr. Cheadle.

HODGSON, R. F., L.R.C.P., M.R.C.S., has been appointed Assistant Surgeon to the Rochdale Infirmary, Manchester,

MANNING, R. B., L.R.C.P., M.R.C.S., has been appointed Honorary Medical Officer to the Wells (Somerset) District Cottage Hospital.

STEPHENS, J. B., L.R.C.P., M.R.C.S., has been appointed House Surgeon to the Queen's Hospital, Birmingham.

WILSON, H. M., M.B., B.C.Camb., has been appointed Assistant Medical Officer to the Wellington Hospital, New Zealand.

Change of Address.

COLLINGWOOD, B. J., M.B., B.C.Camb., 36, Lexham Gardens, Kensington, W.

COX, G. R., L.R.C.P., M.R.C.S., Winchcombe, Gloucestershire.

FARQUHARSON, C. H., L.R.C.P., L.R.C.S.Edin., Port Maria, Jamaica, B. W. I.

GARRAD, F. W., M.D., B.C.Camb., L.R.C.P., M.R.C.S., Westcliff, 50, Cold Bath Road, Harrogate.

HAWKER, G. P. D., M.B., B.C.Camb., Mutley House, Plymouth.

LEES, C. A., L.R.C.P., M.R.C.S., 39, Lavington Road, Ealing, W.

LLOYD, E. EYRE, L.R.C.P., M.R.C.S., Markham House, Wokingham, Berks.

MAYNARD, G. D., F.R.C.S.E., L.R.C.P., M.R.C.S., 7, Mount Park Crescent, Ealing.
MORGAN, D. J., M.B., B.C.Camb., L.S.A., D.P.H., "Holkham," St. James's Road, Sutton, Surrey.
ROSS, J. MacBain, L.R.C.P., M.R.C.S., Tibooburra Hospital, Tibooburra, New South Wales, Australia.
RUSS, C., M.B.Lond., L.R.C.P., M.R.C.S., 31, Lancaster Gardens, W. Ealing, W.
WELLS, J. H., L.R.C.P., M.R.C.S., 14, Windsor Road, Ealing, W.
WINDER, J., L.S.A., 5, Leeland Terrace, W. Ealing, W.

Pass Lists.

UNIVERSITY OF LONDON.

PRELIMINARY SCIENTIFIC EXAMINATION FOR EXTERNAL STUDENTS.

Biology.—J. H. Meers.

SPECIAL EXAMINATION IN ORGANIC CHEMISTRY.

External Students.—W. Chesters.

Internal Students.—C. M. Wilson.

GENERAL INTERMEDIATE EXAMINATION FOR INTERNAL STUDENTS.

Anatomy, Physiology, Pharmacology, and Organic Chemistry.—E. Balthasar, F. C. H. Bennett.

UNIVERSITY OF CAMBRIDGE.

DEGREE OF M.D.

S. H. A. Lambert, B.C.

DEGREE OF M.B.

G. E. St. C. Stockwell, B.C., G. P. D. Hawker, B.C., R. S. Drew, B.C., L.R.C.P., M.R.C.S.

SOCIETY OF APOTHECARIES.

Medicine.—N. O. Roberts (Sect. II.).
Midwifery—A. C. Story.

The Services.

ROYAL ARMY MEDICAL CORPS.

PROMOTION.

Captain E. C. ANDERSON, D.S.O., L.R.C.P., M.R.C.S., L.S.A., is promoted to Major. (Dated Jan. 30th, 1904.)

(South African War, 1899-1900, mentioned in despatches.)

Captain P. S. LELEAN, F.R.C.S., from the seconded list, to be Captain. (Dec. 14th, 1903.)

Lieut. R. V. COWEY, L.S.A., is promoted to Captain.

Lieut. A. H. M. MITCHELL, L.R.C.P., M.R.C.S., is promoted to Captain.

Captain R. M. le H. COOPER, M.D., B.S.Durham, L.R.C.P., M.R.C.S., retires on a gratuity. (Dated Feb. 13th, 1904.) He was appointed Surgeon-Lieutenant Jan. 29th, 1896, and Captain three years thereafter.

His war services are as follows:—South African War, 1901-2. Operations in Orange River Colony, including actions at Biddulphsberg and Wittebergen; operations in Cape Colony, south of Orange River.—King's medal, with two clasps.

Lieuts. O. IEVERS, M.B.Lond., L.R.C.P., M.R.C.S., H. H. J. FAWCETT, L.R.C.P., M.R.C.S., F. M. G. TULLOCH, L.R.C.P., M.R.C.S., are confirmed in that rank.

D. LE BAS, L.R.G.P., M.R.C.S., W. F. H. VAUGHAN, L.R.C.P., M.R.C.S., E. H. MILNER-MOORE, L.R.C.P., M.R.C.S, to be Lieutenants on probation. (Dated Jan. 30th, 1904.)

CHANGE OF STATION.

Major G. E. HALE, D.S.O., L.R.C.P., M.R.C.S., has changed Station from Aldershot to Kirkee, C.S.H., India.

Lieut. H. G. S. WEBB, L.R.C.P., M.R.C.S., has changed Station from Aldershot to Peshawar, India.

Lieut. O. IEVERS, M.B.Lond., L.R.C.P., M.R.C.S. to the Curragh.

Lieut. F. M. G. TULLOCH, L.R.C.P., M.R.C.S., to the Medical College, London.

Lieut. H. H. J. FAWCETT, L.R.C.P., M.R.C.S., to Netley.

CAPTAIN T. H. J. C. GOODWIN, D.S.O, L.R.C.P., M.R.C.S., to the R.M. Academy.

Lieut.-Col. W. B. THOMSON, L.R.C.P.Edin., M.R.C.S., is posted to Portsmouth, in charge of the Military Families Hospital.

INDIAN MEDICAL SERVICE.

JOHN HAY BURGESS, M.B.Lond., L.R.C.P., M.R.C.S., and E. W. C. BRADFIELD, M.B.Lond., L.S.A., are appointed Lieutenants. (Dated Aug. 31st, 1903.)

Lieutenants (on probation) S. W. JONES, L.R.C.P., M.R.C.S., W. T. MCCOWEN, L.R.C.P., M.R.C.S., and W. FINLAYSON, L.R.C.P., M.R.C.S., have joined the Royal Army Medical College for the Junior Course of Instruction.

ROYAL NAVY MEDICAL SERVICE.

Surgeon W. K. D. BRETON, L.R.C.P., M.R.C.S., is appointed to H.M.S. "Crescent."

ROYAL NAVAL VOLUNTEER RESERVE.

E. J. STEEGMANN, M.B., B.S.Durh., L.R.C.P., M.R.C.S., L.S.A., D.P.H.; H. R. POWER, L.R.C.P., M.R.C.S.; and J. N. d'ESTERRE, L.R.C.P., M.R.C.S., L.S.A., are appointed Surgeons. (Dated Feb. 13th, 1904.)

Announcements.

BIRTH.

BRIMACOMBE.—On February 7th, at Colebrook Lodge, Putney Heath, the wife of R. W. Brimacombe, M.D.Brux., L.R.C.P., M.R.C.S., of twin daughters.

DEATHS.

GARDINER.—On December 28th, 1903, at Quithing, Basutoland, South Africa, Alexander S. Gardiner, L.R.C.P., M.R.C.S. Aged 27.

SIEVEKING.—On February 24th, Sir Edward Sieveking, M.D.Edin., F.R.C.P., Physician Extraordinary to the King, and Consulting Physician to St. Mary's Hospital. Aged 88.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. X.—No. 4. **APRIL, 1904.** **Price 6d.**

The University of London.

A Personal Opinion.

The University of London has formed a subject to which I have had occasion to refer somewhat frequently in recent years. Its influence on medical schools in general has been much discussed, but only within the last twelve months has there been any practical opportunity of seeing what that influence would be. I may premise my remarks by saying that eighteen months ago I had a distinct bias against the University of London. I regarded it as a sort of superior South Kensington, with little more right to the title of a University than many of the quaint institutions in America. The degrees granted by the University, in so far as they were purely the result of examination and gave no evidence of the teaching to which the examinee had been subjected, I regarded as only differing in grade from those of the University of Brussels or Durham. That is my confession. In the intervening eighteen months my position has been modified. The University of London has become a distinct influence. It is no longer content to be regarded as a mere examining body. It has already modified the whole state of Preliminary Medical Studies in the various schools of London. It has, in other words, assumed the status of a University. What, then, does the term "University" connote?

I think it implies that the possessors of its degrees have been taught by people whose qualifications to teach are recognised. It is by its teaching and teachers that a University gets its fame. Examinations are a necessary evil in the granting of degrees, but they are, and ought to be, subsidiary entirely to teaching. Now the old University of London devoted itself purely to this quite subsidiary portion of a University's function, and for this reason its degrees gave no guarantee whatever of teaching—of that personal and authoritative influence in the formation of opinion whose importance is so great, but whose effect can never be measured by an examination. All that is now changed. Every new appointment made, every modification in lecture schedules show the increasing influence of the board at the Imperial Institute. Our own new time tables for the Preliminary Science and Intermediate M.B. classes are founded on their requirements. The effect on the smaller medical schools in London may be hard. It is a strain even on the resources of the larger schools, but the ultimate result, I feel sure, will be for the good of medical education in general.

Some Points of Interest in the Treatment of Nervous Diseases.

James S. Collier, M.D., F.R.C.P.*
Assistant Physician to the National Hospital, Queen's Square.

My best thanks are here expressed to this Society for the great honour it has done me in asking me to present this paper. At the time your Secretary approached me upon the subject, I had been much struck by certain remarks made to me by doctors, both surgeons and physicians, expressing their opinion of the hopelessness of the treatment of diseases of the nervous system. "They are very interesting from a scientific standpoint, but what can you do for them?" is a remark I frequently hear. Other less generous people say: "I expect you find your out-patients very depressing, don't you?"

Now I may ask you, why should nervous diseases be placed under this ban both by the profession and the laity? I do not think that the curability and the incurability of nervous diseases and of general diseases admits of any controversial argument. For surely diseases of the heart, aneurism, chronic lung disorders, Bright's disease, and cirrhosis of the liver, admit of cure as little as do those most intractable maladies—tabes dorsalis and disseminate sclerosis. On the other hand, neurasthenia, functional diseases, chorea, epilepsy, the various forms of neuritis, the diseases resulting from injury to the nervous system, and even myelitis, frequently admit of a lasting cure.

The opinion of the laity is often most evident in the Out-Patient room at Queen Square. A patient comes there for the first time suffering, let us say, with disseminate sclerosis or with paralysis agitans, and, after I have examined him, he enquires anxiously, "Is it paralysis, doctor?" Now this patient has been in much the same state for two years, and, being a person of common sense, it appeals strongly to him that he is not going to get better. He has become complacent with his misfortune, and used to his suffering. But you must never answer him that it is paralysis. If you do, he becomes much less contented and much more hopeless than before. From the moment you label him with paralysis he loses his self-respect. Paralysis is to him and to his friends a disease to suffer from which is a disgrace—it is not curable, and it is the result either of syphilis or of sexual excess. And even if he can excuse himself in these matters his friends will certainly not be so charitable.

There are few things more piteous than when an old man who has worked hard and well all his life, and who, at the age of some sixty years becomes affected with paralysis agitans, unburdens his soul to you that he knows only too well the cause of his illness, and then confesses some trivial event of his youth totally inadequate as a cause for his illness. He will probably hold to his opinion and evil conscience in spite of your assurances.

I mention these experiences because I am not sure that the very same fallacies are not commonly in the minds of many people. They have certainly not been yet expunged from text-books of medicine.

While speaking of popular prejudices, I must mention the peculiar disadvantages under which an epileptic is placed. If it be known that a man has fits, however capable he may be and however infrequently his fits may occur, he finds difficulty in getting employment. Now, while there are many epileptics who are incapable of work and many who can only be employed in an epileptic colony, yet there are many who are quite capable, and there are many who earn the best of wages, but, unfortunately, in most cases, only so long as their employers are unaware that they are subject to fits. I think that the public prejudice against epileptics is a sentimental one, highly unjust and unjustifiable both in morals and practice; and I am going, later in this paper, to raise the question of the treatment of the epileptic in this respect, and also of the responsibility of his physician.

A more justifiable prejudice excludes the epileptic from admission to the convalescent establishments. Few people care to witness a severe general convulsion, and I must admit that, after a long experience as an interested witness of these events, their occurrence in my presence causes a certain physical uneasiness.

The prejudices which I have spoken of as to the curability and causation of nervous diseases and as existing in the minds of the laity and of the medical profession are, I think, responsible in an important degree for the non-success of treatment. For if I say that general diseases are adequately treated by the profession at large, then I must say that nervous diseases are treated with a lack of purpose and persistence, with a procrastination, and with a fatality, in both senses of that term, that are quite unworthy. I am not blaming the profession—at least not much; for I am referring to treatment which has to be carried out in country places where the doctor's bill is a serious matter, and where skilled treatment and proper appliances and nursing are not obtainable.

All of us, excepting those who aspire to be surgeons, have, or will have, to treat the common nervous diseases; and it is upon the ordinary treatment of common diseases that I shall try to interest you and raise points for discussion.

Syphilitic Nervous Diseases.

Syphilitic diseases of the nervous system are much more rare than many people suppose. By syphilitic diseases, I mean those due to the syphilitic process, and amenable to the usual syphilitic remedies. I exclude entirely the degenerative diseases resulting from that nutritional bodily depravity which syphilis sometimes entails. These latter are not benefited by antisyphilitic treatment.

The syphilitic lesions of the nervous system that one finds post-mortem are: (1) arteritis and thrombosis; (2) gummy thickening of the meninges; (3) both of these lesions existing together.

In the spinal cord the vascular lesion usually occurs alone, and the clinical result is acute myelitis, which is by far the most common syphilitic disease of the nervous system. In the brain either thrombosis alone is met with, or gummatous meningitis, which is apt to be followed by thrombosis (acute cerebral syphilis).

* Read by Dr. Collier before the Medical Society, February 25th.

Gummata, comparable with those found in other parts of the body, seem not to occur in the brain. Many cases of small, round-celled tumour of the brain have been published as cases of cerebral gumma, but such tumours are apt to grow rapidly in spite of anti-syphilitic treatment: they occur in subjects where syphilis can be excluded, and multiple secondary growths may occur if the growth reach the cerebro-spinal fluid, such secondary deposits being obviously planted by the cerebro-spinal fluid. On the other hand, cases of malignant tumours of the brain may entirely lose their symptoms under antisyphilitic treatment, and the headache, vomiting, and optic neuritis, and even localising symptoms, may disappear and remain absent for months. Unfortunately, many of these cases have been published as cured cases of gumma of the brain. I have three times made post-mortem examinations upon cases which had been published as cured cases of gumma, and found sarcoma twice and tuberculoma once.

Perhaps it is a good rule to carry in one's head that a cerebral tumour which produces localising symptoms is rarely syphilitic, but that antisyphilitic treatment has often the most remarkable palliative effect upon the symptoms produced by neoplasms, malignant or otherwise.

I am going to submit to you certain rules for the use of iodide of potassium in the treatment of nervous syphilis.

(1) Never give iodide without mercury.
(2) Never give iodide until the patient is well under the influence of mercury.
(3) Avoid large doses.
(4) Never give the drug to patients suffering from nervous diseases unless you have a definite indication for so doing other than that the patient has had syphilis.

The reasons for never giving iodide alone and never giving it until a patient is under the influence of mercury are very definite.

Just picture for a moment the actual pathological condition which is present in a case of acute nervous syphilis. There is a local disease of the walls of the blood vessels, chiefly of the larger arteries, and principally where the latter are contained in the meninges, there is periarteritis with endothelial proliferation and degeneration; while there is likely to be also gummy thickening of the meninges.

Now iodide will remove the gummatous tissue, but it is likely to cause rapid contraction of the peri-arterial thickening, the vasa vasorum may be compressed, the inside of the vessel degenerates rapidly, and a clot is very liable to be formed, and more especially since iodide of potassium has a specific effect in increasing the tendency of the blood to clot formation. If once this clot is formed, irreparable damage to that part of the nervous system supplied by the occluded vessel must of necessity occur.

The action of mercury, upon the other hand, is to lessen the endothelial swelling, to widen the lumen of the vessel, and to prevent clot formation. Further, it seems to mitigate the scarring of the gummatous tissue which is apt to follow rapidly upon the use of iodide.

I may point out that in the process of the disappearance of a gumma from, let us say, the subcutaneous tissue, the occurrence of vascular obliteration may not hinder the recovery—it may possibly be beneficial; but in the nervous system it is quite the reverse. Clinical facts most strongly support this treatment, for it is found that if cases of acute cerebral syphilis which had been treated with iodide alone are compared with those treated with mercury, followed by iodide, the nervous system is left permanently damaged in a far greater proportion of the former cases than of the latter cases. Again, the occurrence of localising signs indicative of thrombosis seems never to occur in a case of acute cerebral syphilis after the patient is well under the influence of mercury.

In cases of acute myelitis, the pathological condition is evascularisation from syphilitic arteritis, and there rarely any gummatous deposit. Experience has it that in these cases iodide of potassium has little or no curative effect, while mercury is the indispensable remedy.

Referring again to the unquestionable palliative effect of antisyphilitic remedies in case of cerebral tumour of a nature other than syphilitic. I want to point out another result which large doses of iodide of potassium may produce, namely, vomiting. It is quite rare for cases of cerebral tumour to vomit frequently unless a considerable degree of gastritis is present, and this is often set up or aggravated by the administration of large doses of iodide. In such cases of frequent vomiting the best plan is to have recourse at once to rectal feeding, to administer gastric sedatives, and to check the vomiting by the hypodermic injection of morphia.

To sum up the points I want to submit to you:—

(1) The nervous diseases which appear in a syphilitic subject are, in a great majority of cases, not directly of syphilitic origin, and are not amenable to antisyphilitic treatment.
(2) The most important remedy in nervous syphilis is mercury, administered preferably by inunction. The improvement of the general state of nutrition is of the greatest importance.
(3) Iodide of potassium should be used with care, and not in large doses.

I do not in the least underestimate this valuable drug, but I see every reason why its use should be restricted to those occasions where there are definite indications. But there is no legitimacy in its administration to every patient who has organic disease and in whom you cannot exclude syphilis.

There is another class of nervous cases in which one frequently sees iodide of potassium ordered—these are the cerebral vasculary lesions, hæmorrhage and thrombosis.

Now I submit to you that cerebral hæmorrhage and cerebral thrombosis, as occurring in people above the age of fifty years, are clinically and pathologically inseparable. If one examines the brains of subjects who have had several strokes, one so frequently finds evidence that the first attack was due to thrombosis, the second to thrombosis, but the fatal attack resulted from hæmorrhage.

I think that cerebral hæmorrhage is very often a

secondary result of the presence of a small area of softening, for in several cases of cerebral hæmorrhage I have found small patches of softening partly or completely surrounding a moderately large blood vessel, and in one case it was clear that the fatal hæmorrhage had occurred in such an area of perivascular softening; and I think I may justly compare the common cause of cerebral hæmorrhage to the common cause of pulmonary hæmorrhage in phthisis. In both cases a vessel ruptures on account of a local degenerate condition of its walls, resulting from the loss of support and loss of local nutrition which a focus of disease surrounding the vessel occasions. Frequently, in cerebral hæmorrhage, the vessel gives way at the part which passes through an area of softening.

Now, if this view of the pathology of cerebral hæmorrhage is correct, it accords with the clinical results of treatment: that depletive measures and iodide of potassium should be avoided in the cerebral vascular lesions of old people as tending to favour the occurrence of further thrombosis, a result by no means rarely seen during the few days following the occurrence of a stroke.

THE TREATMENT OF LOCAL LESIONS OF THE SPINAL CORD OF SLOW ONSET.

By a local lesion of the spinal cord I mean a lesion producing well defined localising symptoms—a sharp limit between æsthesia and anæsthesia and between non-paralysed and paralysed parts; or symptoms indicating the involvement of definite nerve-roots, or local bony deformity, etc.

By a slow onset I mean that a marked degree of paralysis does not result until more than a week after the first appearance of symptoms, and this period is fixed in order to exclude one of the most common local transverse lesions of the spinal cord—acute myelitis or thrombosis of the cord.

I submit that in every case, as soon as the diagnosis of a local lesion of the spinal cord is arrived at, laminectomy should be performed.

Perhaps you will think that this is a very large order, but may I refer for a moment to the recognised treatment of intestinal obstruction? As soon as the diagnosis of acute intestinal obstruction is made, the surgeon is sent for. The abdominal section itself is held a small matter. If the condition causing the obstruction is irremediable, the patient has had the best chance of recovery applied. The surgeon is called in early lest gangrene of the intestine occur, and before the patient's strength is exhausted.

The same surgical principles are, I submit, applicable to cases of medullary obstruction, and the danger of temporising is not less in the latter condition. Experience has it that the performance of laminectomy is not associated with any special risks, and that subsequently the strength and mobility of the spinal column are not interfered with. When symptoms indicate the presence of a local lesion of slow onset, there are considerable probabilities that the cause of the local lesion is removable by operation, or that the removal of the laminæ will be followed by an amelioration of symptoms, while the worst that can happen is that the operation is followed by no improvement.

In the great majority of local lesions of the spinal cord there is pressure upon the nerve elements which may be produced from a growth situated either in the cord itself, or within the spinal canal in association with the nerve roots and meninges, or in connection with the bone, and, further, it may be produced by a bony deformity.

The spinal cord is very resistant to slowly increasing pressure; it will sometimes recover completely after it has been subjected to a pressure which has produced and maintained complete spastic paraplegia for many months; but we have to remember that sustained pressure necessarily means partial evascularisation, which in its turn entails a tendency to degeneration of the vessel walls, these two events threatening local cessation of the circulation, which inevitably causes death of some of the nerve elements, and their loss is irreparable.

Frequently the occurrence of dangerous evascularisation of the spinal cord in the neighbourhood of a local lesion is not revealed by any special change in the symptoms, but in any given case of spastic paraplegia resulting from pressure, a change in the nature of the paraplegia from the spastic to the flaccid type with loss of the deep reflexes forebodes by about sixty hours an irrecoverable condition. So long as the paraplegia is spastic there is no immediate urgency for operation, but, with the onset of flaccidity, operation must take place at once if it is to be successful.

I do not think that we have any right to make more than a tentative diagnosis as to the nature of a local lesion of the spinal cord until a laminectomy has been performed, and the actual state of things has been revealed.

Let us take, for example, a case of fractured dislocation of the spine forty-eight hours after the accident—the paraplegia is still complete. Shall we wait and see what happens, in the hope that there is no displaced fragment of bone pressing on the cord, no thecal hæmorrhage to strangle the nerve-roots later, and no intramedullary hæmorrhage or clot; or, holding that faith without work is of little avail, shall we make sure that there is no pressure and no accumulation of blood, either in the theca or on the cord, by removing the laminæ, opening the theca, and, if intramedullary hæmorrhage demand, incising the posterior columns?

We were taught to regard violent pains lancinating in the region of distribution of the nerve roots as most important symptoms indicating the presence of spinal tumour. I submit that they should be absolutely disregarded as negative signs, since spinal tumours, even those growing from the posterior roots, are often unaccompanied by pain of any description.

If laminectomy is performed and an intramedullary tumour is found, nothing can be done, for such tumours are nearly always sarcomata, and it has proved impossible, I believe, to enucleate any tumour from the spinal cord without causing such disturbances of vascular supply as to permanently destroy the functions of cord in the area of interference. In a large majority of cases of intra-

medullary tumours that I have seen laminectomy performed upon, the operation has been followed by marked amelioration of symptoms, a result which is in no way to be despised, though it does not avert the inevitable fatal issue.

I think, then, that medullary obstruction should be treated upon the same lines as is intestinal obstruction. The symptoms of intestinal obstruction naturally appeal much more to us for immediate interference. It is a matter of life and death. But medullary obstruction is, in a way, a still serious matter, for it is a question between life and the living death of permanent paralysis.

Two reservations must be made as regards operation upon local lesions. The first is carcinoma of the spine. The growth sprouts so quickly after laminectomy that a temporary palliative effect is hardly obtainable, and where the diagnosis is certain (as it usually is) the case should be left alone.

The other is spinal caries in subjects of more than thirty-five years of age. The paraplegia in these cases rarely improves as the result of operation, and the wound rarely heals, and even as a palliative measure I have never seen a good result. These facts contrast strangely with the uniformly excellent results of laminectomy in the spinal caries of children and of young adults.

The Treatment of Epilepsy.

A few remarks upon the treatment of epilepsy will, I hope, be of interest to you. One of our leading neurologists prefaced a lecture with the remark, "Epilepsy is one of the most tractable of diseases." Yet I think you will agree with me if I say that it is a disease the treatment of which is often greatly neglected.

There are several factors which are responsible for such negligence.

In families of the poorer classes where epilepsy is hereditary, there is often a fatalistic idea that it is the dispensation of Providence that members of such a family should have fits, and therefore what is the use of trying to prevent their occurrence? Again, parents who have several epileptic children may strive to do their duty and obtain treatment for their first children, but an increasing family and increasing expenditure precludes the possibility of the younger children obtaining adequate treatment. The overworked and underpaid parish doctor does not, as a rule, take any immoderate interest in the treatment of this disease. Further, not only is there a widely prevalent idea that fits are incurable, but the drugs usually given for this malady are held to be responsible for the mental failure, loss of memory, and deterioration of general health, which are the consequences of the disease in some cases.

From the point of view of prognosis in treatment, I think epileptics may be divided into two classes :—

(1) Those on which obvious signs of physical or mental degeneracy exist. Those in whom the head, face, and body are all sorts of shapes and sizes, and those in whom there is primary mental deficiency in any degree from that shown by marked backwardness at school to pronounced idiocy.

In this class of case the effect of treatment is usually disappointing, but it is not always so.

(2) Those in which the above-mentioned stigmata are absent. In this class the result of treatment should be almost uniformly good.

Before referring to treatment I am going to state certain facts concerning prognosis which help to guide one in treatment, and which are as remarkable as they are at present inexplicable.

The prognosis as regards the effect of treatment is better when heredity is present than when no heredity can be traced, and it is better the more direct the heredity.

It is better when a definite exciting cause for the first attack can be traced, such as fright, emotion, accident, than when no exciting cause can be traced.

It is better the greater the average severity of the attacks.

Therefore, if one could choose the case upon which to demonstrate in the most convincing manner the effect of treatment, one would choose a robust young woman of about twenty years of age, whose mother had had fits. Preferably she should be good-looking, with rosy cheeks. Her first attack should have been the direct result of a fright, and all the attacks should have been severe.

Now as to treatment. There are three points in the general treatment of epilepsy which are of very great importance :—

(1) The interdiction of alcohol.
(2) The improvement of general health.
(3) The diminution of the amount of common salt taken on the food.

It is absolutely essential that every epileptic shall totally abstain from alcohol, for there is no more certain excitant of an attack than alcohol in any shape or form. It is very necessary to impress upon the epileptic patient at the commencement of treatment that it is useless for him to take medicine if he touches alcohol.

Christmas-time always means a breakdown for many of my patients who are comparatively young in treatment. They find it difficult to resist the temptation of seasonal festivity, and the combination of excitement and alcohol cause a return of the attacks.

We make a practice of specially warning all the patients who attend during the month of November, and who have been less than a year under treatment, against Christmas fits. In this connection I may draw your attention to alcoholism in the parents as a fearfully common cause of epilepsy in their offspring. I have often wondered whether conception in the inebriated state might not be a factor in the production of epilepsy in the offspring. It is unfortunately quite common to see alcohol ordered for epileptics by the profession. It is also frequently given by the friends to restore a patient after a fit, and often with the result that another attack shortly occurs.

Attention to the general health is of great importance, since, broadly speaking, the success of treatment is proportionate to the state of general nutrition.

The overworked, half-starved, wasted, anæmic sempstress, who suffers from chronic constipation, is a most difficult case to treat, for the most important means that would work her cure are for the most part beyond our reach.

I never make any restrictions with regard to diet, except that no meal should be taken after seven o'clock at night. I think that the exclusion of meat from the diet of the epileptic, though commonly ordered, is much to be deprecated.

The importance of diminishing the quantity of common salt in the diet as an adjunct to exhibition of bromide is great. The principle you strive for is to supplant in part the chlorides by bromides in the common salt of the body. There is a certain average of floating salt in the body, beyond which the salt is rapidly excreted. If you diminish the intake of common salt, the bromides go in better and stop in better. The patient takes the bromide more easily, the effect in arresting attacks is greater, and smaller doses are necessary, and acne and dyspeptic troubles are less common.

No salt, no salt meat, no salt fish, no salt butter is usually enough restriction. We do not make a general rule of interdicting common salt in all epileptics who are taking bromide, but perhaps we ought. I order this measure when the usual doses of bromide are not sufficiently effectual, and when there is acne or when dyspeptic symptoms are troublesome.

Bromide is the main weapon for attacking major epilepsy, and a most potent weapon it is. Again, it is our mainstay in the treatment of minor epilepsy, but here it is a miserably insufficient remedy.

There is only one bromide, and that is potassium bromide. It is the least nauseous, the least depressing, the least expensive, and the most potent and the most easily taken of the bromides.

Can any of you tell me why ammonium bromide is stated to be less depressing than the potash salt? Or why 5 grains each of potassium, sodium, and ammonium bromide are said to be much more potent than 15 grains of potassium bromide? For I have no hesitation in saying that the truth lies in the exact reverse. Never give more than 25 grains three times daily, and if the fits occur only at night give one full dose (25 grains) before going to bed.

The acne which may follow the use of bromide is usually easy to treat.

To a new patient I never give arsenic, for one is not sure whether in any individual bromides are likely to produce acne. If the patient subsequently develops acne, an addition of two or three minims of arsenic to each dose will suffice to prevent its recurrence; but to cure the acne when once present it is necessary to treat it locally, the best remedy being Ung. Sulphuris Co Frequently also the digestive organs need attention, and I may point out that if you will carefully treat conditions of chronic dyspepsia among your epileptic patients you will have little trouble with acne.

There is one other important point in the treatment of major epilepsy. There are occasions when you cannot prescribe bromides, and also there are certain cases in which bromides seem to have no effect in checking the attacks. Is there any alternative drug which is of value under these circumstances? I think there is, and it is zinc oxide. In certain cases I have found this drug of signal benefit both when administered alone and when used as an adjunct to bromide. It is but administered in 5 grain doses three times daily after meals.

There is one condition in epilepsy in which the administration of bromides is inadmissible and very harmful. It is when severe epileptic fits succeed one another at short intervals. When the patient does not recover consciousness between the attacks, the condition is that called "status epilepticus." The classic treatment is to administer a drachm of bromide by the rectum, and this statement is shortly followed in books by the observation that status epilepticus is usually fatal. I think that the relation in some cases between the classic treatment and the classic result must have been one of cause and effect. The condition is one of most profound exhaustion of the higher nervous system. The nerve elements of the cortex are so exhausted that they offer no resistance to the spontaneous liberation of their energy directly it has accumulated in any degree. What can we expect to happen if we further depress them with bromide? Now the bodily exhaustion produced by each convulsion is very great, and the draw upon the available food-stuffs is enormous. Meanwhile, the patient being unable to swallow, the food necessary for the re-establishment of the resistance in the nerve cells is not forthcoming.

The most successful way of dealing with these dangerous cases is to feed the patient well with the nasal tube, to administer stimulants, alcohol and strychnine, and, if there is any tendency to hyperpyrexia, to have recourse to cold or iced sponging. Meanwhile, the convulsions may be kept in check, if necessary, by inhalations of chloroform.

The question of the responsibility of the physician with regard to the employment of capable epileptics is a difficult one. The knowledge that your patient is prone to sudden attacks is in your confidence, and his employer may write to you saying that the man obtains leave to attend the hospital which is for epilepsy and paralysis from time to time, and asking what the man is suffering from, *re* the employer's liability. In your answer lies, in a great measure, the temporal welfare of the patient, for most employers discharge him promptly if you say he has fits. In most cases you can avoid the discharge of your patient, and evade the question by certifying the non-liability of the employer, and assuring him that there is no danger of accidents. There seems to be a special Providence guiding the epileptic when he is at his work. They work among machinery, they work over water, and work on scaffolds, yet it is infinitely rare for them to suffer accident. I think this fact is to be greatly taken into consideration.

The point I submit is that epilepsy does not, in certain cases, render a man unsuitable even for dangerous work, and that the physician, after careful consideration of each individual case, should take the responsibility of certifying the suitability.

Notes.

We hear that Mr. Morton Smale has retired from the Deanship of the Royal Dental Hospital. Mr. Smale was appointed Dean just twenty years ago, and had a large share in the schemes which have resulted in the spacious and well-equipped building opened two years ago in Leicester Square. The accommodation in the old building had for many years fallen far short of the demands on it, and, though the space has been more than doubled in the new building, it is still barely sufficient for the work that has to be done in it. We hear that Mr. Smale's convalescence from his recent troublesome illness is nearly complete, and that by the time this appears we may expect to see him amongst us again.

The Dean asks us to make it known generally that a locum tenens is wanted at the Sussex County Asylum from May 27th to September 9th. The duties at such an Institution, and the opportunities for recreation, are of such a nature that many a worse way of having a summer holiday could be devised, and there are few summer holidays which have an honorarium of forty-five guineas attached to them. A chance for the cricketers!

The new time table of Lectures and Classes for the Preliminary Scientific and the Intermediate M.B. courses which have lately been issued are evidence of the forwardness of our school in meeting the advancing requirements of the London M.B. The separation of the Chemical and Physical Departments and the appointment of Dr. Lehfeldt to the latter department have rendered possible these very complete arrangements. It must be recognised now that if a school is to attract students in London it must be able to teach the Preliminary Science subjects up to the standard required by the London University. It is not likely that a man will choose a medical school which cannot give him the full teaching he requires for any degree.

Another innovation of some importance also embodied in the new time table is the teaching of Pharmacology. This will appeal specially to men going in for the Cambridge degree, where this part of the examination has now to be seriously reckoned with.

Various new appointments fall to be chronicled this month. Dr. Willcox comes over to the Hospital from the Medical School to replace Dr. Carey Coombs as Medical Registrar. Dr. Coombs, we understand, is departing from us to take up private practice. He carries with him the good wishes of all St. Mary's men with whom he has been associated. May he speedily gain the goodwill of as large a circle of patients.

Mr. Bradley, who comes to us from St. George's, we know to be a very good fellow. It is always difficult for a man coming in to a circle where he must of necessity feel himself a stranger. There has seldom been a pleasanter set of residents in St. Mary's than at present. Mr. Bradley is certain of a good reception among them.

Mr. Hayden comes in as resident anæsthetist in succession to Mr. Remington Hobbs. And Mr. Drew has been chosen to fill the shoes of Mr. C. I. Graham. We mean this in a metaphorical sense. We do not wish to imply anything as to the size either of Mr. Drew's feet or of Mr. Graham's.

Medical Gem: from a provincial case of eclampsia. "Well, of course, the first thing we have to do is to get the albumen out of her *blood*."

And yet it is said that Medicine treats symptoms rather than causes!

We have good news of several old friends in the Indian Medical Service. Easton finds himself flourishing once more in the Punjab, while Pilkington is well again and returning to Tibet, whence he had been invalided. It is rumoured that our one and only "S." Nesfield is at Agra, but we have not heard anything more definite than this.

We have to thank a contributor for sending us a lyric spasm on the subject of the changes in the Club papers. In our opinion, however, the incident is too sad an one to be resuscitated—especially in verse.

We direct our readers' attention to the arrangements made for the ensuing Cricket Season, which will be found "in another place." Last year, it will be remembered, our team found itself in the Final of the Inter-Hospital Competition, wherein, unfortunately, Guy's beat us somewhat severely. However, to reach the Final is something, and for this we were greatly indebted to Dr. Sidney Phillips' kindness in helping the Club with a practice ground.

Thus we are very glad to see that this year arrangements are to be made to obtain a ground, to be shared with the Hospital Tennis Club, which is to be available for practice on three days in the week. Everybody knows of the absolutely prime importance of having facilities for frequent practice, and, indeed, without them, a team can do very little real good.

It is early days yet to prophecy on our chances for the Cup, we must wait until we see how the eleven is shaping before we may think of such things, but at the same time we may say that there are signs of the possibility of finding a good team to represent the Hospital.

Amongst those whose services are no longer available are Norman and Finlayson, who were captain and vice-captain respectively last summer, and Causton and E. C. Hobbs. But we still have playing for us Ollerhead, Mitchell, Bennett, Litteljohn and Gaye.

As regards recruits the prospects are distinctly bright, in fact there is a greater number of men wishing to play this season than has been the case for many years in the past. We hear good things of Stephenson as a bat, and of Louwrens as a bowler.

We hope to have another useful bowler in the person of R. D. Neagle. Last year he was unable to play for us, but we believe he will be able to do so this summer, and his presence should make a good deal of difference to the eleven.

So that given keenness on the part of our men and their supporters, we shall hope to hear of good results. Need we say we wish the Club every success? Although too early to form any opinion on our possibilities in the Cup-winning line, we may mention that there is a distinct draught in the Library where the Cup should be!

As we go to press we hear that a ground has been obtained at Acton for the use of the Cricket and Tennis Clubs.

Two fresh ventures are to be started this summer: a tennis club and a rifle club. These are not yet very definitely organised, but soon will be. We hope to publish details next month.

As will be seen, the Swimming Club has been resuscitated to renewed vigour, Dr. Caley being again its President. Although Ievers, Richard and Nesfield are no longer amongst us to support it, yet there are many men at present at the Hospital who are good swimmers, and we hope that their efforts in the Inter-Hospital Water Polo and Team Competitions may be crowned with success.

How manifold are the bye-ways of Modern Science! From our seat on the top of the homely 'bus, we do observe a manifesto published by a professional oystermonger in the neighbourhood of the Hospital, wherein is set forth that the source of these succulent bivalves is, like Mrs. Cæsar, beyond suspicion. But what gives us proud imaginations of the heart is the announcement that these same oysters of good heredity and irreproachable home-surroundings are "further subjected to hygienic treatment."

Is it possible that this refers to Anti-Typhoid Inoculation?

A somewhat alarming notice has been for the past few months exhibited on the walls of the Albert Ward. A hose-pipe, usually kept outside the ward, was missing last year, and to proclaim its loss and to point out that its absence might be dangerous in case of fire, up went the notice. That the dignified appeal with its unerring logic produced the desired effect we cannot say, but we may assure those interested in the efficiency of the Institution that the loss has been made good. At the time of writing, however, the notice still forms a part—a distinguished part—of the scheme of decoration of the ward.

A child *as* a child is accounted valuable by some; how much the more so when in addition the child may be regarded as a curio! Which profundity is occasioned by a most gruesome story which comes from "Number 8." "I shouldn't lihke ter luse 'im, *nah*, dawcter, 'e's bin washed an' lihdaht three times, 'e 'as, an' I ses ter the lihdy wot lives next daw, I ses, ef hanythink wos to 'appen to 'im nah, I ses, I——" "Give him the medicine every four hours, and keep him off pickles for the present."

A small boy came up with an injury to his shoulder, the result of being pitched out of a barrow. The surgeon examined it, and found nothing more than a bad bruise, ordered some spirit lotion, and sent the boy off. The boy went home and told his mother the result of his examination. Next morning the boy's shoulder was very painful. The anxious mother was worried. "I don't think much of these 'ospital doctors—I don't think they know what's wrong. You go round to the bone setter's in —— Street and see w'at 'e sez." In a short time the boy returns. "Well," said the mother, "what does 'e say?" "O, 'e sez as my shoulder was out." "I knowed it," said the mother. "And what did 'e do." "O, 'e pulled it abaht a bit, and then 'e give it sich a pull, and 'e said, 'Now then, that's all right.'" "And is it?" "Garn! ye don't think I 'lowed 'im to touch my bad shoulder, do yer?"

Another monologue from the skin department: "And 'is poor little 'ead was like a 'ot coal. It was that 'ot you couldn't hold yer 'ands near it; and w'en we tried to wash 'im 'e steamed like a furnace." (Temp. 99·2°.)

An American who had just gone through the uncomfortable process of having a fish-bone removed by the probang looked at the instrument with eyes of admiration and remarked: "Gee! If that ain't a cute scheme!"

Among the details that are filled in at the top of an in-patient's note religion has a definite place. The Sister in one of the wards was making an enquiry into the life of a new patient, and asked what his religion was. He didn't quite know. "Well, what do you do on Sundays?" "'Times, I goes a rat-catching." And so he is entered "R.C."

On March 25th the St. Mary's Hospital Ladies' Association held an exhibition of work at the house of Mrs. Lees, the honorary secretary. Articles of clothing, numbering over a hundred, were shown; and later these were sent to the Hospital, and were much appreciated in the wards.

Considering that the Association was founded only in January, the amount of work done is very large, and the Association is to be much congratulated on its successful start. The supply of the great number of jackets needed for the in-patients of the Hospital has always been a matter of difficulty; and the best thanks of the Institution are due to Mrs. Lees and Mrs. Silcock, and to all the members of the Association, for the valuable and practical interest that they have so kindly shown.

The sewing meetings which have been held fortnightly at the houses of different members, have been discontinued for the present, but will be restarted for the winter in October.

Obituary.

FREDERICK J. O. STEPHENSON,
L.R.C.P., M.R.C.S.

"Quis desiderio sit pudor aut modus
Tam cari capitis?"

All St. Mary's men who knew him must have been deeply shocked to hear of the untimely death, at the age of 35, of Freddy Stephenson, a man of whom it could be truly said that he had not an enemy in the world.

The eldest son of the late General F. J. Stephenson, a veteran of the Mutiny and other Indian campaigns, by his wife, the daughter of Colonel Orchard, C.B., one of the great fighting men who helped to establish our Indian Empire, all his relations for many generations had been in the Army, and his own inclinations tended in the same direction. However, he decided to go in for medicine, and joined St. Mary's in 1886, qualifying in 1891.

After holding the appointments of House Surgeon to Mr. Norton, and Resident Obstetric Officer under Dr. Braxton Hicks and Dr. Handfield-Jones, he married Miss Hilda Lacey, who was then Sister Allcroft, and he went out to India as surgeon to the Government Railways. After a couple of years he returned to England, and for a time was in practice at Diss, in Norfolk. During the Boer War he volunteered for service as civil surgeon, but to his disappointment, instead of going to the front, he was sent to Netley Hospital, where, however, he did good work under Professor Wright, our present Pathologist.

For the last three or four years he was medical officer to Felsted School, where he also had charge of the Junior House, an appointment more to his taste than the struggles and competitions of a private practice.

Ever a conscientious worker, and one who would sacrifice himself in every way for his patients, he was not formed in the rough mould necessary for a successful general practitioner of the present day. He was too sensitive and too sympathetic, as it were, and his worries over an anxious and trying case seemed to take it out of him in an extreme degree.

His knowledge of his profession was sound, and his surgical skill considerably above the average, while his manner and general bearing were those of the thorough gentleman he always was. As a companion he was of the best; a good *raconteur*, warm-hearted and generous to a fault, and always sportsmanlike. Taking him all round, he was one of the kindest friends and best of fellows a man could wish to come across, and many of us will miss him grievously.

He was attacked with double pneumonia, and, after ten days' illness, in spite of every care and the best of skill, died on March 21st, leaving a widow and one little daughter.

Note on the Treatment of Lupus.

By BERTRAM THORNTON, L.R.C.P., M.R.C.S.,
Senior Surgeon, Royal Sea Bathing Hospital, Margate.

The treatment of lupus by Finsen's method or by the X rays appears to be so successful in many cases that one hesitates to call attention to a simple lotion that appears to have permanently healed several typical cases of lupus that have been under my care. There may be, however, cases where the Light treatment, or scraping, etc., is not available, or, if available, a permanent dressing is requisite. I would suggest a dressing of solution of biniodide of mercury, 1 in 500, on lint cut exactly to fit the diseased area, and neatly covered with Jaconette, this dressing to be changed twice daily. In some cases I have found that this is too painful to be borne, and it has been necessary to reduce the strength. This method has had prompt and excellent results, even when I have not previously scraped the part affected. I have tried many applications during the last seventeen years with indifferent results, but the biniodide solution has been, so far, the most successful, and I venture to urge its use when the Light treatment is not available. It is difficult in a place like Margate to determine the precise factor which brings about the desired result in the treatment of tuberculous lesions, but it has not been my experience that lupus cases materially benefit by local climatic influences without some sort of active assistance on the part of the surgeon.

Two Obscure Cases of Œdema.

By H. J. VAN PRAAGH, M.D.
Late Casualty Physician, St. Mary's Hospital.

CASE 1.—The patient was a male child, three years of age. For over a month localised swellings had appeared in various parts of his body. At first, these swellings had been situated over articular regions, and had been mistaken for evidences of a sub-acute rheumatic arthritis. However, later, other swellings, definitely œdematous, were observed in the frontal region and on the dorsum of the hands and feet. One, of some extent, developed over the right tibia, and was so severe as to simulate a periostitis. There was slight pyrexia (T. 100°), and general loss of strength. There was no history of previous illnesses. The family history threw no light upon the case. The urine was normal; and there were no abnormal physical signs in the chest or abdomen.

When the child was first seen, after having been ill about a month, he was found lying curled up in bed complaining of abdominal pain, which was general and paroxysmal. He was observed to be very pale and flabby, and distinctly of a rickety constitution.

The temperature at this time was 99°, pulse 108. On examination, there was œdema of both hands; there was no œdema or joint enlargement elsewhere.

The tongue was covered with a moist, white fur; there was some general abdominal tenderness, but no muscular rigidity and no tumour. The child was

vomiting somewhat frequently, and the vomit contained a very small quantity of bright red blood; some blood and mucus were being passed *per anum*. One other condition noticed was phimosis, with some inflammation of the prepuce.

Comments.—It will be seen that the two salient features of this case were: (1) œdema; (2) gastro-intestinal signs. In making a diagnosis one had to determine whether these were in any way dependent one upon the other, or whether they were independent of each other. The gastro-intestinal symptoms *per se* suggested somewhat strongly the possible presence of an intussusception, and great difficulty was experienced in excluding this condition. However, there was no sausage-shaped tumour, and no intestinal obstruction; and the slight hæmorrhage from the large intestine was accompanied by hæmorrhage from the stomach. Again, the child had been ill for a month, and a diagnosis of intussusception would certainly not account for the œdemas that had persistently appeared.

As regards rheumatism, the subsequent course of the case, after the first appearance of peri-arthritic swellings, was entirely against such a possibility.

The alternative and, I venture to think, correct diagnosis of this case was gastro-enteritis, the scattered patches of œdema being due to toxæmic absorption from the stomach and intestines. The origin of such toxæmia was obscure, but it may have been due to absorption of ammoniacal products from the urine-soaked condition of the child, resulting from the severe state of phimosis which existed. The treatment adopted was: (1) careful dieting by peptonised milk and beef essences; (2) the daily administration of two grains of grey powder; (3) the four-hourly administration of the following, viz.:—

Bismuth carb.,	gr. vi.
Sod. bicarb.,	gr. vi.
Sod. sulphocarb.,	gr. ii.
Syrup,	♏xx.
Aq. anisi.,	ad ℥ii.

and last, but not least, the removal of the offending prepuce.

The result was quite satisfactory, although convalescence was delayed by obstinate intestinal symptoms, especially meteorism and irregularity of the bowels.

I quote this case as an example of a fairly common source of obscure œdema, namely, gastro-intestinal toxæmia; and, as a warning, in similar cases, to carefully consider the possibility of such an "alimentary" origin before having resource to a diagnosis of "angio-neurosis."

CASE 2.—The second case was also a child, aged four, who was brought for advice on account of œdema of the feet and eyelids.

He had been ill three days, and seemed somewhat drowsy and disinclined for food. There were no other symptoms, such as headache or vomiting, and no previous illness, such as scarlet fever, measles, or diphtheria. The urine had a specific gravity of 1020, and contained no albumen, blood, or sugar; a large deposit of phosphates was present.

Under treatment, by a laxative and a mixture of saline diuretics, the child being kept in a warm, even atmosphere, recovery soon took place (in a few days).

In this case, the distribution of the œdema was distinctly suggestive of a renal origin. The interest of the case lies in its obscure ætiology; there were no signs of acute nephritis in the condition of the patient or in the urine, the only abnormal constituent of which was a considerable deposit of phosphates.

There had been no alteration in the child's usual diet to account for the condition. A possible explanation is that the renal epithelium was in a state of toxic irritability from the excess of phosphatic salts that was being excreted.

At the same time, cases have been recorded, in children especially, in whom œdema was present, in similar situations to the œdema of nephritis, without any other signs of the latter.

Such cases are extremely hard to explain, but seem to get quite well in a short space of time under treatment, similar to that usually adopted in cases of sub-acute nephritis.

A Case of Liver Abscess, treated by Aspiration and Incision; Recovery.

By A. R. SIEVEKING, L.R.C.P. & S.Ed.
(Late) Senior Medical Officer, Uganda Railway.

K, a native of India, was admitted into the Railway Hospital at Nairobi, East Africa, on April 16th, 1903, complaining of "Fever" and of pain in the Hepatic region.

His tongue was covered with fur. There was tenderness over the whole of the anterior surface of the Liver, which viscus was enormously enlarged downwards and to the left, where it encroached on the Splenic region. Slight jaundice was present. The Spleen was slightly enlarged. Pulse 100, thready and intermittent. Temperature normal. He had had two attacks of Dysentery, nine and three months ago respectively; and recently he had been treated in another Railway Hospital for Malaria.

He was ordered a mixture of Ammon. Chlor. and Ammon. Carb. t.d.s. and stupes to be applied to the abdomen. The temperature was irregular within slight limits, not rising above 99° for the first few days. There were rigors in the evenings and also night sweats. Constipation was relieved by Calomel followed by enemata. Latterly there was considerable bulging of the Liver below the right costal margin. The pain on no occasion extended to the shoulder.

Carbolic fomentations having been applied for twenty-four hours, the patient was anæsthetised with Chloroform on April 28th, and the largest sized trocar and canula of a Potain's aspirator were used to locate the pus. The first puncture was made just below the right costal margin, and proved successful. Forty-one ounces of pus were withdrawn.

The patient's condition was so alarming that I decided not to cut down and drain as I had intended to do. The puncture was closed with collodion.

An ounce of brandy three times a day was ordered,

and a mixture containing Tr : Digit : and Sp : Ammon. Co ; 4 tis horis, the Ammon. Chlor. mixture being omitted. The evening temperature was 102° on the 28th, falling to normal the following morning.

On May 2nd, the patient was again put under Chloroform for operation, as the night sweats, bulging, etc., were recurring. An incision, two inches in length, was made with the old aspiration puncture as the central point. The Liver was firmly adherent to the abdominal wall, and after dividing the capsule on a director, an opening was made into the Liver with artery forceps and finger, sufficiently large to admit a full-size drainage tube. The cavity was washed out with 1-40 Carbolic.

The wound round the tube was lightly packed with gauze and then dressed with Iodoform gauze, wool, and a many-tailed bandage. About fifteen ounces of pus escaped during the operation. There was no bleeding and no vessels in the parietes had to be attended to. The dressings were changed that evening ; the discharge was slight. Temperature 100°.

The following morning the cavity was again washed out and a similar dressing applied. A considerable amount of tympanites was present, and a soap and water enema was administered, as the bowels had not been moved for two days. This resulted in his passing a large quantity of wind and some scybala.

Everything remained perfectly sweet, and the discharge slight. The tube began to be extruded on the fifth day after operation, being finally left out on the twelfth day.

The patient was finally discharged cured on the forty-sixth day after admission.

St. Mary's Hospital Medical Society.

A meeting was held in the Library on March 9th. Being the last fixture of the session a clinical evening had been arranged, and cases were shown by Dr. Poynton, the President, Mr. Low, and Dr. Harris. Brief notes of the cases and of the discussion following them are appended.

Dr. Poynton showed two cases :—

(1) A case of late rickets. The subject was a girl 9½ years old, with a history of difficulty in walking for the past two years, which had greatly increased during the last month. She showed extreme genu valgum on the left side and both tibiæ bent ; also the typical enlargement at the wrists, and the "rickety rosary." As she had only very recently come under observation, nothing could be said as to the result of treatment.

In answer to a question put as to the advisability of operative treatment in cases of rickets, Mr. Low said that in many cases much good was done by operation, but that there was a great tendency for the condition to recur, while most cases could be cured without resorting to such means.

(2) A case of (?) Raynaud's disease in a child of three years old. It was stated that the child, a girl, had always been delicate and irritable, and had never walked or talked ; further, that since Christmas she had been wasting. Her father had died of phthisis. She was found to have cold feet, with blue patches about the toes, some of which were ulcerated. There was a tender black patch on the dorsum of the right foot. The hands were cold and cyanosed.

She had been an in-patient at Great Ormond Street for a week, and some improvement had followed keeping the extremities wrapped up in wool.

Mr. Low showed a case of mono-articular arthritis in a girl of twelve years of age. The right knee was the only joint affected, and in this neighbourhood there was a scar. On being questioned the girl said that she had been in hospital with an "abscess" when a baby.

Dr. Poynton was inclined to regard both the past and the present arthritis as tubercular in origin.

The possibility of the arthritis being a manifestation of congenital syphilis was also discussed.

Dr. Harris showed the following cases :—

(1) A case of paralysis agitans without tremor. The patient complained of having experienced difficulty in walking for the last two years, and for the same time he had noticed that his hand was shaky when he wrote, though no tremor could be observed under ordinary conditions. The rest of the symptoms were, however, typical—the gait, attitude, and aspect being characteristic. Another member of the family had had paralysis agitans.

(2) A case of acromegaly in a man about sixty years old. The history showed that the condition had been very slowly advancing for at least forty years. The hands were the most markedly affected, being very much enlarged, and the fingers spade-like. The bones of the face were enlarged, especially the mandible and the nasal bones, but the cranial bones had escaped. The tongue was very large and pointed. The feet were only slightly affected. The chest was not of the emphysematous type, showing lateral expansion on respiration (gorilla-shaped chest). There was no mental enfeeblement nor visual affection. The patient had had occasional headaches, and suffered from great thirst, but had never felt ill enough to seek advice, and indeed came under observation for another cause.

In answer to Mr. Corbin, Dr. Harris stated that a few cases of acromegaly, the result of a cerebral tumour at the base of the brain, had been recorded, but that, as a rule, such tumours grew too quickly to produce this condition.

(3) A case of lead palsy. The chief interest in this case was in relation to the treatment of plumbism by iodides. The history showed that when the patient stopped work his fingers only were affected. He was treated with iodides, and, after taking only three doses, he had an attack of colic, and he found that his wrists and shoulders were becoming rapidly affected as well. He therefore stopped taking the medicine and came up for further advice. He was now found to have wrist-drop, the common extensor of the fingers and the ext. ossis metacarpi pollicis being paralysed, while the supinator longus and ext. primi internodii pollicis were unaffected. The power of raising the arm at the shoulder was also gone. The possibility of the paralysis having been increased by the administration of the iodides was discussed.

St. Mary's Hospital Christian Union.

At the annual business meeting held recently, Dr. Handfield-Jones was re-elected President, and Secretaries were appointed as follows :—

To the Christian Union { T. E. Francis. C. W. Vining.
To the Missionary Union { G. S. Thompson. E. W. Squire.

St. Mary's Hospital Cricket Club.

A meeting of this club was held on Wednesday, March 30th, Dr. Sidney Phillips taking the chair. It was decided to postpone the election of officers for the coming season until the beginning of May, when a further meeting will be convened, the date of which is to be arranged later.

It was also decided that Mr. H. S. Ollerhead, who is at present acting as Secretary to the club, should secure a ground for practice, which is to be shared with the Hospital Tennis Club, and is to be available three days a week.

The first match of the season will be played against Ealing on May 4th, and, previous to this, a trial game will be arranged, probably for May 3rd.

It is hoped that all interested in cricket will turn up to the meeting to be held next month and to the trial game, so that the best possible team may be selected and the season successfully inaugurated.

St. Mary's Hospital Swimming Club.

A General Meeting of this club was held on Friday, March 11th. Dr. Caley, who was in the chair, in his opening remarks said that the swimming club had been lying dormant for some time, but he was glad to see that the question of its revival had been so well supported, and he hoped that in the future the club would do as well as it did in the past.

Dr. Caley was unanimously re-elected President.

The election of a committee was next proceeded with. Nine names were put forward, and, after a ballot, the following gentlemen were elected :—

H. L. Barker.	R. S. Graham.
C. W. G. Bryan.	J. Louwrens.
A. Fleming.	H. Willis.

The Committee were asked to put before a General Meeting nominations for the posts of Captain, Vice-Captain, and Hon. Sec.

A second General Meeting of the Swimming Club was held on Tuesday, March 22nd, Dr. Caley being in the chair. The following officers were elected :—

Vice-President ...	Dr. N. H. Alcock.
Captain	A. Fleming.
Hon. Sec.	J. Louwrens.

Permission was given to elect a Vice-Captain later in the season, when the swimming capabilities of members were better known.

It has been arranged that we have the use of Paddington Bath (Queen's Road) on Thursday evenings between 8 and 9 o'clock for swimming and polo practice, commencing on Thursday, April 21st. It is hoped that all swimmers will turn out so that we may have a first-class team when the inter-hospital cup matches come off.

Reduced price tickets (4d.) may be had from the Hon. Sec. at the baths. A. F.

St. Mary's Hospital Football Clubs.

RUGBY.

Played 12.—Lost 8, Won 4.

As the results show, the season has not been a very successful one, the beginning in particular, was very disastrous, the first five matches being lost by large margins. The team then got together better and improved a great deal, playing some good games, the one against Ealing being especially good.

The result in the cup-ties would have been much better if the team had played more together after Christmas. As it was, only two games were played, through want of keenness on the part of one or two members of the team.

It is very gratifying to see that the junior players of the Hospital have been running a second team. A good first team cannot be expected until there is a regularly playing second, where men can be trained, and from which they can be picked.

Next season there ought to be a fairly strong team, only one man, Beckett, being out of his year—and, if the keenness that has been shown this year is kept up, there is no reason why we should not expect great things.

A. G. Wells (forward).—Has made a good captain, and has set an excellent example in keenness to his men. Was keep out of the cup-ties by an accident. Is very good in the open, dribbling well—might use his weight more in the scrum.

J. Freeman (forward).—During the latter part of the season has been captain, and, through his energy, got the forwards into very good condition ; plays hard all through the game, but is rather slow in the open.

J. J. Louwrens (half).—A very good and energetic secretary. An excellent half, strong in attack and defence, making splendid openings for his three-quarters ; never has an off-day.

H. G. W. Beckett (forward).—The best forward in the team--always in splendid condition, follows up and dribbles well ; is a safe tackler, and uses his weight in the scrum.

B. J. Phillips (half).—A really good half, very sound in defence and ingenious in attack, combined well with Louwrens ; he might have been in better training.

W. R. Taylor (three quarter).—Has played some very good games, sound in defence, and when he has the ball runs straight with plenty of dash ; should talk less on the field.

C. M. Wilson (forward).—A very good forward, but very light ; is a keen tackler, follows up well, and uses what weight he has.

R. A. Bryden (forward).—A good hard-working forward, always playing his hardest.

F. A. Juler (forward).—A good scrummager, always in the front of the scrum and always on the ball.

C. G. Galpin (forward).—Uses his height well out of touch, is a good dribbler, and pushes hard.

H. S. Ollerhead (back).—Has improved wonderfully, fielding and kicking well. His tackling is much better, but he is inclined to go rather too high for his man.

A. D. Gaye (three-quarter).—Was kept out of the last cup-tie by an accident; is very weak in defence, should run straighter when he has the ball, and use his pace more.

R. G. Buckby (three-quarter).—A very sound tackler; is inclined to be selfish and does not take passes well; should try and cultivate more pace.

R. D. Neagle (three-quarter).—Has great pace and dodges well; is too fond of trying drop-kicks; should learn to tackle.

R. D. Anderson (forward).—Only joined since Christmas, but has well earned his place in the team; is very clever with his feet, and works his hardest; should be very useful next season.

W. R. Quirk (back).—A very sound tackler, but too slow; his kicking is variable.

A. A. Stratton (forward).—Does not quite know the game, but plays his hardest, and should be useful next season.

J. B. Webb (forward).—Has only played forward this season, but on practice should be useful; should push harder in the scrum. R. F. C.

ASSOCIATION.

V. G. Johnson (goalkeeper).—Showed great promise at the beginning of the season, but has been very slack since. Tries to use his legs too much, instead of his hands, to stop the ball.

H. G. Willis (right-back).—Has shown to great advantage in this position. Very fast and a sure kick. Played a great game against Guy's.

H. C. Mulkern (left-back).—Only played twice this season. Was quite untrained in the semi-final tie, and did not do much work after half-time. Too light for a back.

F. W. Hobbs (left-half).—Has played consistently throughout the season. His tackling has improved.

H. Bevis (Captain) (centre-half).—A very clever player, who knows the game thoroughly. Always feeds his forwards well. Will be greatly missed next season.

J. Pugh (right-half).—A hard-working player, always in good training. Did some very useful work in the Cup-ties.

R. D. Neagle (outside right).—Has only played a few times this season. Is very fast, and dribbles well, but he will try to shoot instead of passing.

H. L. Barker (inside right).—A very keen hard-working player. His shooting is weak. Will be useful next season.

E. W. Archer (centre forward).—Very fast and tricky. Knows the combination game well, and is a good shot. Rather too light for centre forward.

F. C. H. Bennett (inside left).—Understands the game, but is very slow with the ball. Is inclined both to pass and to shoot wildly.

A. W. Bevis (outside left).—A very fast player. Has done good work throughout the season, but was unfortunate in getting damaged in both Cup-ties. Should be most useful next year.

Reviews of Books.

BIOGRAPHIC CLINICS. By GEORGE M. GOULD, M.D., Editor of "American Medicine," etc. London: Rebman, Limited.

We have specialists in this country, but fortunately there is something about the air or the soil or the food which prevents the vice gaining too much headway. Here and there we may find the specialist rampant, but in the great majority of cases where the epithet is applied it is not deserved, for behind the special knowledge of some particular branch there is usually found the wider general knowledge without which the name becomes one of opprobrium. In America, unfortunately, it seems to be otherwise, and we have before us the work of a man of undoubted ability, of, we believe, high standing in his profession, but which can only be described as specialism run riot. The book is entitled "Biographic Clinics," and had the fortune (we do not qualify this word—fortune is of all kinds) to be reviewed at great length in the sentimental sensational press of this country at the time of its publication last year. The title is derived from the fact that the author deals with the biographies of De Quincey, Carlyle, Darwin, Huxley, and Browning from the point of view of the light that these throw on the health of their subjects. Since the publication of this volume there have appeared further biographies of, amongst others, Wagner and Nietsche. Some of these later stories have been published in the columns of the *Lancet*, and so may be familiar to our readers. The moral drawn from them all is the same. The ill-health which afflicted these great men of last century arose simply from the fact that they were not fortunate enough to have spectacles prescribed for them by George M. Gould, of Philadelphia, U.S.A. "As he (the American ophthalmologist) looks over the world, and especially the European world, he knows that there are millions suffering in abject misery who could be immediately cured" by a visit to Philadelphia. "Such diagnoses and such cures cannot be made by the methods in vogue in Europe." His list of "terrible and varied diseases which can be cured by the use of proper glasses" is large. We miss housemaid's knee and the common bunion from it, but most other things can be traced directly or indirectly to astigmatism, and we believe with a little ingenuity even these could be included. The old Scotch prayer, "Lord, gi'e us a good conceit o' oursel's," seems to have been thoroughly answered in America, and nowhere more so than in Philadelphia. Yet Mr. Gould is a man of ability and of some standing in his profession. It must be the American air or the richness of the soil which produces such a vigorous growth. In England it is known as cephalomegaly.

THE FATE OF THE OVUM AND GRAAFIAN FOLLICLE IN PRÆ-MENSTRUAL LIFE. By THOMAS G. STEVENS, M.D., F.R.C.S., M.R.C.P., Obstretric Tutor to St. Mary's Hospital; Assistant Physician to the Hospital for Women, Soho Square; Demonstrator of Biology, Guy's Hospital. London: Sherratt & Hughes.

This monograph is a reprint of a paper contributed

to the "Journal of Obstetrics and Gynæcology." It has long been known that the number of ova in the human ovary is much larger at birth than at puberty, but the process by which this diminution in number takes place, and the changes involved in it, have never been worked out. In order to try and clear up these points, Dr. Stevens has made a very careful examination of a large number of ovaries of children under ten years of age—upwards of seventy pairs having been used for the purpose. He submits that the ova become mature (though they are smaller than in an adult case), and then are removed usually by a kind of phagocytosis, the phagocytic agents being the cells of the membrana granulosa. The final changes in the follicles are also described.

Dr. Stevens is very much to be congratulated on his thorough and successful researches in so difficult a field, and on the great beauty of his microscopical specimens, several of which are reproduced to support his conclusions.

SQUINT OCCURRING IN CHILDREN. By EDGAR A. BROWN, F.R.C.S.Ed., Lecturer on Ophthalmology, University, Liverpool, assisted by EDGAR STEVENSON, M.D., M.Ch.Aberdeen, Demonstrator of Ophthalmology, University, Liverpool. Baillière, Tindall & Cox, London, 1904. Price 2s. 6d. net.

This little book gives a simple, straightforward, commonplace account of the ordinary convergent squint of childhood. We use the word "commonplace" in no derogatory sense, but simply to imply that Mr. Brown here sticks to the generally accepted, and we think sound, methods in use amongst ophthalmic surgeons of the present day. Of these his account is clear and concise, and he is careful to lay stress on the fact that by diligently following the pathological indications which are at the root of the evil, we can get the best possible results. Mr. Stevenson's little contribution at the end is most noteworthy for the praiseworthy admiration he displays for his senior's work.

THE MANAGEMENT OF LATERAL CURVATURE OF SPINE, STOOPING, &c., by E. NOBLE SMITH, F.R.C.S. Edin. (Smith, Elder & Co.)

This is a small neat volume wherein the subjects of curvatures of the spine and chest development in Phthisis are viewed from the standpoint of treatment—remedial and prophylactic. A series of physical exercises is described, from the illustrations of which the patient would seem to be having a somewhat lively time. Great stress is laid upon the treatment by Chance's splint—in fact one of the special objects of the book is to overcome "the strong prejudice against the use of spinal apparatus." Cases treated by this instrument are illustrated by photographs taken before and after (and some sideways, too), and an "eminent physician" is quoted as having been "converted to this plan of dealing with lateral curvature from having seen the benefits derived by patients under the care of Mr. Noble Smith," but we fear that many surgeons will still remain unmoved. As regards prophylactic treatment, amongst other factors the influence of properly-made clothes is strongly urged. Of course, the force of "Sartor Resartus" would in such a book be out of place, but the author is quite definite on the subject. He has frequently tried to make tailors alter their "plan of construction," he tells us, and has often failed, "they have this excuse—that the boys they have to make for have generally already been deformed by the clothes previously worn." And so we find elaborate instructions given in the art of clothing and underclothing a growing child, and of placing it in a generally hygienic medium. On the whole, however, we cannot say that this book carries any great amount of conviction with it.

ELEMENTARY BACTERIOLOGY. By M. L. DHINGRA, M.D., C.M.Edin. pp. 145. London: Longmans, Green, & Co. 3s. net.

A useful little introduction to this important subject, and a book which every man beginning medicine would do well to get. It is written on general principles, with brief sketches of the chief specific organisms, those on cholera and malaria being given most space. We must confess to have received somewhat of a shock on opening at these words, "The recognition of the hypothesis of spontaneous generation can do no harm," and we felt inclined to at once pour forth our ink in defence of the immortal memory of Pasteur, but further reading showed us that the author's meaning was less iconoclastic in the context than appears from the excerpt. Indeed the little book, though slim in compass, has breadth of view throughout. The short appendix on practical methods is not intended to suffice for complete guidance. The pretty pictures of "large blue bacilli with red spores," &c. make one long to see the slides from which they were taken.

MEMORANDA ON INFECTIOUS DISEASES. By JAMES W. ALLAN, M.B. Bristol: John Wright & Co.

A small tract for the use of school teachers, aiming at enabling them to spot the first appearances of the various fevers. The author, in his note, says: "It may be criticised as brief and fragmentary. *It is meant to be so.*" We congratulate him on his entire success.

Recent Appointments.

MEDICAL REGISTRAR.

W. H. WILLCOX, M.D.(Lond.), B.Sc., D.P.H.

Dr. Willcox, who has been appointed to succeed Dr. Carey Coombs as Medical Registrar, is too well known to St. Mary's men to require any detailed notice here. He has been for some time past in control of the Chemical Department of the Medical School, and has brought it to a state of efficiency which is well reflected by the results in the various London examinations. His services will be greatly missed in the school, but will be a great acquisition to the Hospital.

RESIDENT ANÆSTHETIST.

A. F. Hayden, M.B., L.R.C.P., M.R.C.S.

Mr. Hayden, who has been appointed Resident Anæsthetist, qualified from St. Mary's in 1900. He gained an entrance scholarship in 1895, and during his course he took prizes in various subjects. Since qualifying he has held appointments in provincial hospitals in Wales and Lancashire.

CASUALTY HOUSE SURGEON.

A. S. Bradley, B.A., M.B., B.C.(Camb.).

Mr. Bradley has been selected by the Board to fill the important new post of Casualty House Surgeon. He comes to us from the sister [? brother (Ed.)] hospital of St. George's where he has had the useful experience of a resident appointment. The St. George's system ensures that the holders of these appointments shall have experience not only as House Surgeon and House Physician but also as clinical assistants in the various special departments. The result is that Mr. Bradley is specially well qualified for a post with the responsibilities that this one entails. We are glad to welcome him to St. Mary's.

Book received for Review.

Ophthalmological Anatomy. By J. Herbert Fisher, M.B., B.S., F.R.C.S., Assistant Surgeon, Royal London Ophthalmic Hospital; Assistant Ophthalmic Surgeon, St. Thomas's Hospital. Hodder & Stoughton. London, 1904. Price 7s. 6d.

Appointments.

Barnes, H. E., M.B. Lond., L.R.C.P., M.R.C.S., has been appointed House Physician to the West London Hospital, Hammersmith.

Bond, Francis T., M.D.Lond., M.R.C.S., F.R.S. Edinburgh, has been re-appointed Medical Officer of Health to the Chipping Sudbury Rural District Council.

Clapham, H., L.R.C.P., M.R.C.S., has been appointed House Surgeon to the Infirmary, Peterborough.

Goyder, F. W., B.C.Camb., L.R.C.P., M.R.C.S., has been appointed House Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, E.

Hill, P. E., M.R.C.S., L.S.A., has been appointed Medical Officer of Health to the Crickhowell combined districts.

Morrish, W. J., M.B. Lond., L.R.C.P., M.R.C.S., has been appointed Resident Medical Officer to the Hampstead General Hosp., Parliament Hill, N.W.

Willcox, W. H., M.D.Lond., B.Sc., D.P.H., has been appointed Medical Registrar to the Hospital.

Change of Address.

Goyder, F. W., B.C.Camb., L.R.C.P., M.R.C.S., City of London Hospital. Victoria Park, E.

Ingoldby, F. J., L.R.C.P.Edin., M.R.C.S., 59. Haverstock Hill, N.W.

Lehfeldt, Robert A., D.Sc.Lond., B.A.Camb., 56, Norfolk Square, W.

Rogers, Leonard, Capt., I.M.S., M.D., B.S.Lond., F.R.C.S., M.R.C.P., 47, Park Street, Calcutta, India.

Pass Lists.

CONJOINT BOARD EXAMINATION.

First Examination.

Chemistry.—R. A. Parsons, A. W. Duncan, G. D. G. Ferguson, R. B. N. Reade.

Materia Medica and Pharmacy.—H. A. Lash, F. C. Baker.

Elementary Biology.—A. H. L. Thomas, S. D. Adam, R. B. Adams, F. Basford, S. A. Day, R. S. Graham, H. E. Wall, J. L. Waller, J. B. Webb, R. H. S. Marshall.

Second Examination.

Anatomy and Physiology.—A. R. Litteljohn, D. Phillips, A. A. Straton.

SOCIETY OF APOTHECARIES.

Primary Examination, Part II.

Anatomy and Physiology.—F. H. P. Wills.

Final Examination.

Midwifery.—F. A. K. Stuart.

Diploma.—F. H. Hand.

CONJOINT BOARD IN SCOTLAND.

Diploma.

A. Rogers.

The Services.

ROYAL ARMY MEDICAL CORPS.

Change of Station.

Major W. A. S. J. Graham, L.R.C.P., M.R.C.S., is posted to the Thames District.

ROYAL NAVY MEDICAL SERVICE.

Surgeon M. H. Knapp, L.R.C.P., M.R.C.S., has been appointed to H.M.S. "Prince of Wales."

Announcements.

BIRTH.

Elwin.—On March 17th, at 186, Blackfriars Road, S.E., the wife of G. R. Elwin, M.D.Lond., L.R.C.P., M.R.C.S., of a son (Kingsley Graves).

MARRIAGE.

Parkhurst—Douglass.—On Thursday, March 10th, at the College Chapel of Zounebloem, Cape Town, by the Warden the Rev. W. H. Parkhurst, brother of the bridegroom, assisted by the Rev. W. O. Jenkins, M.A., Arthur Usk Parkhurst, L.S.A., of Swellendam, Cape Colony, to Arabella Charlotte, youngest daughter of the late Thomas Douglass, Esq., of Cardiff.

DEATH.

Stephenson.—On March 22nd, at Junior House, Felstead, Essex, Fred. J. Orchard Stephenson, L.R.C.P., M.R.C.S. Aged 35.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. X.—No. 5. **MAY, 1904.** **Price 6d.**

"The Preliminary Scientific."

At the recent examination in the Preliminary Scientific subjects conducted by the University of London the pass list showed that four men had passed in Chemistry. We have no exact information as to the number of entrants, but we understand that there were over one hundred. A result so astonishing must call for some remark, and for some investigation, on the part of any one interested in the subject of medical education in general, and in particular as carried on at the University of London. In the first place, we may put out of court at once the suggestion that the result is due to a very low average of candidates. There is a perfectly well-defined law in all examinations which has been very carefully worked out, and which gives a perfectly definite curve. This curve shows a quick descent and then a line of very gradual descent, and finishes by a third line of rapid descent. Taking one hundred candidates as an illustration, eight to ten of these will be represented on the first part of the curve, and then over fifty will appear on the second part, very few marks probably separating these from one another. Then will follow the "ruck" with an increasing separation in their marks. It is a matter of fairly general agreement among those who have to do much examining, that in an honours examination the line should be drawn so as to cut as accurately as possible through the point where the curve grades from the first steep to the middle descent. In that way the men who are distinctly above the average get honours, and the average man does not. The construction of a curve of this kind prevents the gross variations which may occur otherwise in the standard of an examination. In the case of a pass examination it becomes more difficult to decide exactly where to draw the line. But it is generally agreed that even in the simplest pass examination it ought to be drawn before the second steep portion of the curve commences. The higher the standard of the examination, the nearer ought this second line to approach to the honours line; but no one can hold that in a pass examination it should quite approach to the honours line. We have not space here to discuss this part of the subject at any greater length, but it is quite well known to all experienced and competent examiners.

Therefore, surely we may dismiss the explanation that the result is due to the incompetence of the candidates.

There remain three alternatives: the incompetence of the teachers, the action of the authorities in causing a sudden variation in the standard, or, lastly, the appointment of examiners who were not in sympathy with the scheme of the examination.

The first of these may be again at once rejected. There has been no sudden or abnormal upheaval in the London Medical Schools causing an universal destruction of chemistry lecturers. These gentlemen do occasionally cause explosions and endanger their fingers, but we have not seen, even in the columns of the "Daily Mail," any sensational paragraph dealing with loss of life in chemical laboratories in London. So we may take it for granted that the teaching of chemistry is just as efficient now as it was two years ago.

We are left, then, if our argument is reliable, with the task of determining whether the Authorities or the Examiners are responsible for this extraordinary result. It can never be right that an examination of this importance should be subject to such sudden and unexpected vagaries. To many of the candidates it is a serious matter to have their period of education lengthened by even a few months. To none of them is it pleasant to be ploughed in an examination, and it is not fair that they should be the shuttlecocks in any game in high places. It is possibly too much to expect the Olympians, "On the hills like Gods together, careless of mankind," to descend to an explanation of this result. Meantime rumour, with its many tongues, takes ugly form.

The facts that are known are that recently a change in the system of the examination has been introduced. That this change does not meet with unanimous approval from the teachers of chemistry in London, and that the examiners are in sympathy with the teachers. The change that has been introduced is, that Organic Chemistry, formerly a part of the Intermediate, is now grouped with Inorganic Chemistry in the Preliminary Scientific Examination. To the unbiassed onlooker this seems a perfectly natural arrangement. It is by far the most frequent arrangement in other places of learning where chemistry is a subject of examination. It is, however, obvious that if this change is to be made, the work to be done for the Preliminary examination must either be increased, the time lengthened, or the standard lowered. The time spent on the earlier parts of the medical course already encroaches too much on the clinical work. It is doctors of medicine that the medical curriculum is intended to turn out, not chemists and physicists. The course must be adapted to secure the greatest good of the greatest number. And as it is a five years' course, it is only right that three years of that should be given to medical work. The time, therefore, cannot be officially lengthened. The work to be done is already as much, if not more, than the average man can undertake. The new schemes involve constant attendance at the school from 10 till 5, and sometimes 6 o'clock. How is it possible for a man to do any decent work in the evening after that? The other alternative which the authorities must recognise is, that the standard must be lowered.

We do not know whether it is too late to issue a revised list of the present examination. We think that in view of the rumours that are prevalent, it is a justice which should be granted to the unfortunate candidates. A time when serious changes are being introduced into the scheme of studies must in its very nature be a time when there is a liability to upset the smooth running of the examination machine. It is surely imperative that the upset should be arranged so as to do as little harm as possible to the irresponsible student. In this case the harm done is of a devastating character. It is not a matter which even an august body like the Senate of the University of London can afford to pass over without some investigation. The lists are issued subject to revision and confirmation by the Senate. We think that this most emphatically is a case for revision of a most sweeping character, and for investigation and modification which will render anything similar an impossibility in the future.

A German Method of Treating Gastric Ulcer.

By E. GRAHAM LITTLE, M.D., M.R.C.P.
Physician to the Skin Department at St. Mary's Hospital.

In Professor Dreschfeld's article on gastric ulcer in Allbutt's "System of Medicine," the following sentence occurs: "The treatment by rest, first recommended by English physicians, and lately by Leube, is to be carried out in a systematic manner." I have had an opportunity of watching Professor Leube's treatment of a case of gastric derangement diagnosed by him as gastric ulcer, and as the descriptions of this treatment, so celebrated in Germany, are in the English literature on the subject distinctly meagre, I think it may interest medical readers to have a somewhat detailed account of the methods adopted in a remarkable case. The patient, a relative of mine, whom I shall call Mr. F., has the following history: His parents were both long-lived, his father dying at the age of 89; the mother at 76. They resided in the Cape Colony for the latter half of their lives, and this is the youngest child of eight. The mother suffered from frequent attacks of diarrhœa. Two sisters who lived in India had severe dysentery—the one dying from its effects after childbirth, and the other contracting, after many years, a stricture of the rectum, necessitating colotomy. The patient is now a man of fifty. He has led an active, exciting life in South Africa, where he was born. He spent one year in India in early manhood, but was not attacked by dysentery or fever, and returned to South Africa in good health. He gives the history of having, as a boy, been subject to diarrhœa, which would last a few days, but had no serious illness until 1881, when he was poisoned by drinking foul well-water in Kimberley, and passed blood in his motions for some days, with protracted diarrhœa. His doctor made a diagnosis of dysentery, but no bacterial examination of fæces was made. He visited England and was treated by Sir Andrew Clark during 1882. He had a severe attack of dysentery in London in that year, and was ordered a diet consisting of minced meat, potatoes, rice, fish, and brandy, milk and biscuits, eggs lightly boiled. Sir Andrew Clark prescribed acid glycerine of pepsin with his meals, and a drachm-dose of castor oil to be taken whenever the bowels were loose. He left off the diet, gradually resuming ordinary habits, but still was subject to periodic looseness of bowels, easily controlled by attention to diet.

The patient returned to Cape Town in 1882, and almost immediately after had a severe attack of "dysentery." He was laid up for six or eight months, and persisted with Sir Andrew Clark's diet during this attack and for three years subsequently, which were spent in Kimberley. He then left Kimberley for the Transvaal (1886), and there enjoyed fair health, living an active mental and physical existence with much outdoor exercise, and was troubled only occasionally with diarrhœa, but had no further symptom of dysentery after leaving Kimberley. In 1893, he came to England, and travelled in this country and on the Continent in 1894, 1895. and 1896; during this time he suffered from loss of appetite, and had occasional trouble with the bowels, passing scybala with some mucus, and was easily upset by unaccustomed articles of diet. He ate very simple food for the most part, and drank only claret with his meals, but nevertheless observed increasing loss of flesh and appetite. During a yachting cruise in the early part of 1896 he had two attacks of nausea and vomiting; these attacks lasted less than a week on each occasion, but his appetite and health suffered disproportionately to their short duration.

A visit to South Africa at the end of 1896 was marked by a fresh attack of diarrhœa, and now for the first time he experienced pain after food, but without vomiting. He was ill a month, and improved on a diet of milk with peptonised foods. He improved still further during three months spent in the Transvaal, and returned to England in April, 1897. A fortnight after he was laid up in London with a severe attack of diarrhœa, with nausea and one or two instances of vomiting. There was much tenderness over the whole of the abdomen, but no hæmatemesis or melæna. Diet was restricted to milk, peptonised later on; and bismuth and soda were prescribed. Pain in the upper left chest and left arm, which had been present for years, increased, was severe and constant at this time, and was relieved by local counter-irritants. The patient kept his bed for some six weeks, and thereafter had many relapses of diarrhœa and pain. He continued the milk diet and bismuth mixture during the rest of this year; but was active in driving and walking until an accident in October, 1897, resulting in a prolonged synovitis of the right knee, kept him in bed for some three months. He gained flesh, however, during this time, though keeping strictly to milk diet, and was able to go to the Riviera early in 1898. In March, while at Monte Carlo, he had very grave prostration, with eructation and diarrhœa, scybalous stools, difficulty of sleeping, owing to pain in the abdomen and weak action of the heart; there was distension of the stomach with splashing on succussion; foul tongue and breath, with septic gingivitis, nausea, but no vomiting and no hæmatemesis; great muscular weakness and wasting; and profound nervous and mental depression. He recovered strength gradually after some six weeks' illness, and returned to England at the end of April. Throughout this year he kept to fluid diet, chiefly milk and cream, eggs beaten up with milk, and a little brandy. Several attempts to eat solids were followed by pain, and desisted from accordingly. Relapses of pain and tenderness would occur without solids, and these would be accompanied by nausea, foul tongue, and distension of the stomach.

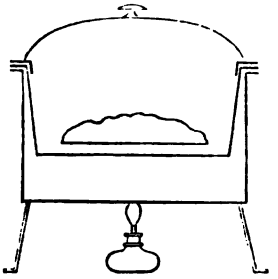
After a severe relapse in November, 1898, he was placed in a medical home and carefully observed. There were no physical signs of disease in lungs or heart, but the pulse was feeble and slow. No abdominal tumour could be felt; the patient had a cachectic look and was very thin and weak. A diagnosis of chronic "diarrhœa, neurosis, and insufficient" nutrition was recorded; and an attempt made at giving solid food,

which for two years the patient had been unable or had refused to take. Diarrhœa supervened within four days, and after repeated efforts at taking solids, a return to fluid diet was ordered. After six weeks' treatment, including a fortnight at Bournemouth, he was sent to the Riviera, with but little real improvement.

An attack of influenza in April further debilitated the patient, who had, however, improved in general health and spirits, and had been able to drive daily from four to six hours, but was easily fatigued by walking. He came under Professor Leube's treatment in Würzburg in May, when a diagnosis of gastric ulcer was made, and the patient was placed under the routine treatment adopted for gastric ulcer. I shall briefly describe this treatment both from my own observation and from the paper on this subject by Professor Leube, read at the Fourteenth Surgical Congress held at Würzburg, which Professor Leube has been kind enough to give me.

Professor Leube describes this specific treatment as consisting "in keeping the patient in bed, applying respectively cataplasms as hot as possible, and Priessnitz's compresses, administering Carlsbad water and a fixed diet." He withholds the poultices in cases where hæmorrhage from the stomach has taken place within the previous three months. In these latter instances he uses only the compresses; and even these latter are replaced by an ice-bag for the first few days in cases where hæmorrhage has taken place within a week of commencing the treatment. With these exceptions, the treatment is pursued in exactly the same way in every case. In cases where the diagnosis is doubtful, the poultices are withheld for the first few days, the other details of the treatment being enforced; if gastric pains and dyspepsia still continue, the case may be regarded as certainly gastric ulcer, and treated accordingly.

The patient commences the treatment by taking a dose of a tumblerful of natural Carlsbad water at 7 a.m. He is weighed and put to bed, and at 9 a.m. the poulticing is begun. The abdomen is first carefully washed with alcohol and a solution of perchloride of mercury; and a piece of lint, large enough to cover the surface from the xiphoid to the umbilicus, is spread with boracic acid, and placed with the anointed surface downwards on the epigastric region. A twofold linen cloth is then placed over the lint, and upon the cloth a linseed poultice, as hot as can be borne, is laid. The poultice—a fat, substantial article, 8 by 4 by 1½ inches—consists of linseed, wrapped in a linen napkin, prepared fresh every morning, in such a way that only one thickness of linen covers the face of the poultice. This is laid face downwards on the epigastrium, separated from the skin by lint and cloth as above described; the poultices are heated by steam in a water-bath arrangement at the bedside. This is essentially a shallow tin dish floating on water in a slightly larger tin dish, supported on four legs, covered with a lid, and warmed by a small spirit lamp below. The poultices are changed every fifteen minutes during eleven hours, the patient lying constantly on his back. At 8 p.m. the last poultice is removed, the lint with boracic ointment is left *in situ;* a napkin dipped in hot water, rather larger



than the size of the poultice, and an oil-silk on top of that, are substituted for the poultice; and a flannel binder is passed under the back so as to envelope the whole abdomen, and fastened with safety pins, so as to retain it in position during the night. The boracic lint is replaced every twenty-four hours.

After the first two or three days the poultices are placed directly upon the anointed lint, without the intervening linen cloth. Blisters often form during the progress of the poulticing, but usually give no trouble if the skin is kept aseptic. The diet during this period is ten ounces of milk and two biscuits every two hours, from 8 a.m. to 10 p.m., excepting at midday and evening, when ten ounces of beef-tea are substituted for the milk. A glass of Carlsbad water is given at 7 a.m. during the first four weeks, or, if necessary, throughout the treatment. It should be of a temperature of 35–38° C., and drunk in sips. If the Carlsbad water should not suffice to keep the bowels regular, a teaspoonful or more of Carlsbad salts is added to the water. If the bowels remain obstinate even with this, enemata of warm water may be used. The patient may find it difficult to sleep at first, and may, in that event, be given suppositories of sulphonal or trional at 9 or 10 p.m. Only occasionally will it be necessary to combat acidity by small doses of bismuth and soda by the mouth.

This regimen is the routine for the first ten days. It is claimed for it that "within five days the pains in the stomach entirely disappear with remarkable regularity, and pain is no longer produced by moderate pressure on the epigastrium." Should, however, the pains continue, the poulticing is proceeded with until for five consecutive days no pains are observed. During menstruation the poultices are always to be suspended.

At the conclusion of the poulticing period (usually at the end of ten days), the patient is to continue the use of the flannel bandage round the abdomen during day and night for some three weeks longer. He may get up when the poultices are discontinued, and must avoid "any movements that may cause pressure on the stomach, such as stooping, writing, sewing, etc.," and must lie down for one to two hours after each substantial meal. Professor Leube lays great stress on precise regulations for diet, and gives a scheme

of four diets, numbered 1–4 respectively, which are to be prescribed in the following order :—

No. 1.—During the period of poulticing and confinement to bed: Beef-tea (2 meals) and milk in half pints every two hours, with six biscuits per day.

No. 1. to 2, for the first seven days after completion of the poulticing period.—This is Diet 1, with the addition of thick soups, rice and sago soft-boiled in milk, with well-beaten eggs, soft-boiled and raw eggs, boiled calf's-brain, boiled sweetbread, boiled chicken and pigeon, the fat and skin to be excluded.

A sample of the patient's day at this stage is as follows :—

Carlsbad water, 6.40 a.m. Bowels acted, 8.20 a.m.
8 a.m. Milk and biscuits.
10 a.m. Bouillon and egg (yolk) beaten up.
12.30 p.m. Soup, minced pigeon, rice.
3.30 p.m. Milk and biscuits.
7 p.m. Sweetbread, tapioca, milk, and biscuits.
10 p.m. Milk and biscuits.

Patient rests in bed two hours after lunch and supper; one hour after other meals.

Nos. 1 to 3, for five days.—In addition to the items of Nos. 1 and 2, boiled calf's-foot, scraped raw ham, scraped under-done beefsteak, potato-purée, rice boiled in beef tea; a little coffee and tea.

An example of the patient's day at this stage is as follows :—

Carlsbad water, 7 a.m. Bowels opened, 9.45 a.m.
8 a.m. Milk and biscuits.
10 a.m. Bouillon and egg.
12.30 p.m. Minced meat, under-done; soup, and mashed potatoes.
3.30 p.m. Milk and biscuits.
7 p.m. Minced raw ham, boiled eggs, tapioca, biscuits.
10 p.m. Milk and egg, beaten up.

Nos. 1 to 4, for seven days.—The previous diets, supplemented by tender roast beef, under-done; roast fowl, without sauce; venison and partridge; maccaroni, vermicelli strained; a little white bread.

From the fifth week onward he further permits roast veal, especially cold: boiled fish; light soufflées, sago, rice, maizena; also, for the first time, a stimulant in the shape of one or two glasses of wine.

The following is a copy of the diet-sheet for a day at this stage (fifth week) :—

Carlsbad, 6.45 a.m. Bowels acted, 9.30 a.m.
8 a.m. Milk and biscuits.
10 a.m. Bouillon and egg.
12.30 p.m. Soup, roast chicken; bouillon-rice; wine.
3 30 p.m. Milk and biscuits.
7 p.m. Minced beefsteak; tapioca, bouillon-rice; wine.
10 p.m. Milk and biscuits.

After the eighth or ninth week, the patient may eat anything, but at first only in small quantities; and for at least six months after the cure he must religiously lie down for one to two hours after his meals.

It may be useful at a late stage of the routine above described to convince oneself of the actual digestion of the foods taken. In the case given in this paper, the stomach was washed out with warm water (by means of syphoning, not with a stomach pump) eight hours after a full meal in the sixth week of treatment. The fluid returned perfectly clear and free from mucus.

Professor Leube claims for this treatment that his mortality in 424 cases was only 10 (= 2·4 per cent.) death being caused in half of them by unrestrainable hæmorrhage, and in the other half by peritonitis, from perforation. These were cases which were diagnosed as gastric ulcer, but in only 46 per cent. was there hæmatemesis. If one restricted the diagnosis of gastric ulcer to those cases only which exhibited hæmatemesis, his percentage of deaths is still only 4·1. Professor Dreschfeld, in Clifford Allbutt's "System," quotes Lebert, who gives the general mortality of gastric ulcer as 10 per cent. The treatment in Professor Leube's cases averaged four to five weeks, and he tabulates his results as follows :—

"Cured"	314 =	74·1 per cent.
Improved	93 =	21 "
Remaining uncured	7 =	1·6 "
Died	10 =	2·4 "

He remarks that by "cured," he means the patients so described could take full diet without ill results. In about 5 per cent. of these, symptoms recurred after varying periods of perfect health, in from two months to two years. In such cases, it is impossible to determine whether the symptoms are due to totally fresh ulceration or to imperfectly healed cicatrices breaking down. In the small percentage of cases which in his experience prove rebellious to his system, he would recommend the course of five to six weeks to be repeated even to the third time before resorting to other measures. He considers the field of surgical interference to be greatly restricted in view of his statistics, but does not hesitate to recommend such interference in the following instances :—

1. In cases of constantly occurring relatively slight hæmorrhages, in many of which the association of gastrectasis is an additional reason for operation. He deprecates its performance in cases of sudden, profuse, infrequent hæmorrhages.
2. In the case of acute pains, regular vomiting, and continued inanition, when the special method described has been tried at least twice; and a prolonged course of rectal feeding with complete rest of the stomach does not relieve the symptoms.
3. In the case of perigastritis and subphrenic adhesions and abscesses resulting from the gastric ulcer.
4. In all cases of perforation into the peritoneal cavity, if the operation is feasible within ten hours of the occurrence of the perforation.

Besides lessening the mortality of the disease and widening the domain of medicine as compared with surgery, it is a gain of this system that the period of inactivity and confinement of the patient to bed is certainly less than the average period of detention of

cases of gastric ulcer in our hospitals. In the case detailed above, the duration of the treatment exceeded the average owing to bowel complications retarding recovery.

A point which will strike English physicians is the disregard from first to last of predigested foods in this dietary, and the astonishing facility with which the crippled stomach deals with the large quantities of food taken, even at the initial stages of the treatment.

The improvement which took place in the case here recorded was certainly most remarkable. I watched the treatment for a fortnight, and was then obliged to leave for England. But I saw the patient immediately upon his return some six weeks later, and he was then able to take solids with little or no pain; he had put on weight and was taking active exercise, and was able to enjoy a very full dietary, and resume his place in life in a very much more normal manner than had been possible for many years before.

I have been given possession of very full notes and observations of the progress of the case, and by many conversations with the patient have been put *au courant* with all that happened after I left it, so that I have become familiar with the routine observed throughout the treatment.

I was able to note another case in a medical acquaintance of my own, who was treated in a somewhat similar manner, except as regards the poulticing. That is to say, he was kept in bed for some three months, fed very largely, and kept absolutely quiet. He had previously had such serious symptoms of gastric distension that an operation had been recommended with a view to gastrojejunostomy by a prominent consulting surgeon in London. He had wasted to a shadow of himself, and had been obliged to give up his practice entirely. At the end of three months he had put on flesh to a degree incredible to those who had seen him before the treatment, and he is now in active practice as a consultant, with an arduous hospital-appointment which he fills with great energy and distinction. These two cases have seemed to me worthy of record, and I hope may prove of interest to readers of the Gazette.

St. Mary's Hospital Lawn Tennis Club.

At a general meeting of this club held on May 3rd, the following were elected officers for the ensuing season:—

President ... Dr. H. A. Caley.
Secretary ... L. H. Goh.
Committee ... H. H. Baker. J. H. Clarke. C. T. Edmunds. F. A. Juler. V. Paul. A. Wells.

Two matches have been arranged with the Paddington Lawn Tennis Club, to be played on June 1st and July 1st, and fixtures with other hospital clubs are being arranged. L. H. G.

Notes.

At the April comitia of the Royal College of Physicians three members of St. Mary's were elected Fellows. Their names are all very familiar to all members of the Hospital. Firstly comes the very well-known name of Dr. Gow, then Dr. John Broadbent, and lastly, a name less familiar to the present generations, Dr. Colbeck. With three men out of a total of ten for the year, St. Mary's can claim more than a fair share of the honours going.

We understand that it is the intention of the Medical School Committee to equip immediately a physical laboratory, so that by the end of the summer session the school, from the point of view of its teaching power for the early part of the medical curriculum, will be ahead of the majority of the medical schools in London.

In another respect our school is ahead of most others, and that is in the institution of a course of experimental Pharmacology lectures and demonstrations, which Dr. Alcock is to carry out this summer. These are to be in addition to the ordinary lectures by Dr. Caley, and though they are primarily intended for Intermediate M.B. and Cambridge men—to whom they are essential—it would be a good thing for all men to go to them. Ignorance of drugs and their uses is one of the most harassing drawbacks that the young medico new launched on an independent career can suffer from. It is not always dignified to look up a pocket Pharmacopœia.

The Cambridge University authorities have recently drawn attention to this ignorance displayed by most men in the final M.B. exam. A candidate capable of writing out a decent prescription is a rare bird in these times.

We have watched the applications for the annual subscriptions for the Gazette being sent out in shoals, and we have groaned the

groan of the moralist. Will not our readers who live in the country where there is peace and plenty, and happiness and honeysuckle, will they not, we say, restore unto us our faith in our fellow-man and pay their debts? Many have sent their subscriptions in answer to this batch of applications, but there are still very many more to come in, and "God bless you, merry gentlemen"—but *do* pay, anyhow.

"For we hear a doleful song
Steaming up, a lamentation and a recent tale of wrong;
Yes, a tale of mickle meaning, and the words are strong,
Chanted by an ill-used race of men who seek degrees."

We apologise to the poet for the liberties we have taken. We have adapted his meaning, and, we hope, not spoilt his metre. But there are the voices of the many, and the weeping and the wailing and the gnashing of teeth. For they have been cast out into the outer darkness, and they will not be comforted, and on the list their names do not appear.

"And some they had the pink ticket,
And some they had the green;
And mony a man must show again
Whaur he'd rather no' be seen."

The Examiners have run amok and many a goodly vessel has been torpedoed before it could reach the haven of safety, and has been redocked for three months or six months for structural repairs and alterations. The destruction has not been limited to the St. Mary's squadron. Other fleets more ambitious have had even more deadly destruction dealt out to them by the cunning mines laid by the examiners.

[The Editor has been breakfasting on "Daily Mail." He only means that the plough in the Preliminary Science and the Colleges has been greater than usual.—Sub-Ed.]

Through ignorance we erred. In the rash impetuosity of a leading article last month we bracketed the degrees of the University of Durham with those of the "University" of Brussels as worn by English doctors. We must apologise to the University of Durham and to the holders of its degrees.

From the Examination Hall. A surgeon, formerly not altogether unknown to generations of men who sat in the "Front Row," was lately examining at the building on the Embankment. He had before him a very intractable candidate, and in despair was asking him to name various instruments, amongst others a coin-catcher.

"Oh, that's a coin-catcher," said the candidate.

"And what is it used for?"

"To take coins out of the œsophagus or the larynx or the trachea."

"Would you take half-a-crown, for example, out of the trachea with this?"

"Oh yes," said the hapless candidate.

"I would advise you, then, to take it out in small change, say threepenny bits."

Colonel M., an Irishman grown grey in the Indian Medical Service, was defending the climate of India. "It's all nonsense! There's no better climate in the world. But there are a lot of young fellows who come out to India, and they eat and they drink, and they drink and they eat, and they die, and then they write home to their friends and tell them that it's the climate that's killed them. Of course lots of people die in India. Tell me where they don't, and I'll go and end my days there."

There must be many men still in touch with St. Mary's who will remember Dr. A. G. Butler, who, when he was here, ran (and worked) so well for the Hospital. We feel sure that they will read with interest the following extracts from a letter recently received from him, and will join us in offering congratulations and best wishes.

"Gladstone, Queensland.

". . . I am just back again in Gladstone after an eight weeks' holiday, which I was much in need of. I took the opportunity to end a short engagement by being married, as goodness only knows when I shall

get away again. A holiday is an expensive luxury in Queensland—one has often to get one's locum nearly 1,000 miles from Sydney up to here, and pay him at least a guinea a day, and things are far from lively all over this State.

"I met Legge-Willis in Sydney—absolutely by accident; he is getting a practice at Smudgee, in New South Wales. . . .

"It's awful when one has to do everything that comes in one's way, from abdominal section to diagnosing an obscure nerve case, and to fill in with all the padding of midwifery and children's diseases; how awfully superficial one gets. I am 80 miles from the nearest practitioner here, and one spends some rather anxious moments."

We draw our readers' attention to the announcements of the new Lawn Tennis and Rifle Clubs printed elsewhere. As we were able to say last month, a ground for the use of the Tennis Club has been obtained at Acton; also matches have been, and are being, fixed, and so all is ready if men will turn up. Unfortunately, we hear that everyone seems much more ready to say he plays than actually so to do. The moral is obvious, and we pray attention.

Had we been writing a year or two back we should have been able to urge men to join the Rifle Club for the sake of being efficient defenders of their country. As it is no longer the fashion to carry "patriotism" to any inconvenient length (except in so far as it implies the reading of a certain halfpenny morning paper), we suppose that such a plea would persuade no one.

However, if we may, we would emphasize the club committee's appeal to men to practise. A very great amount of steady practice is necessary for decent shooting, and the time is now exceedingly short before the Inter-Hospital Cup is to be contested. We know of two or three men at St. Mary's who have done good things with the rifle, and we hope to hear of some more being found, so that it may be worth while entering for the Cup in July.

The date of the Hospital Sports Meeting is not yet fixed; notice will be given later when the date of the Inter-Hospital Sports is known.

We were very pleased to see the canaries from Albert and Allcroft singing a duet together out of Cambridge window in the sunshine the other day. We had always understood that there was a considerable amount of jealousy between them, and that each was inclined to suggest that the other was merely a jaundiced sparrow. Apparently, as usually happens, things turn out to be otherwise.

We are happy to think that neither of "our" canaries has yet had the misfortune to be engulfed by a cat, which is a matter of congratulation, as there are some pretty smart cats about, aren't there?

Never was a more noble structure than our new top step with its four "pretties" on its edge. The joy of beholding it is equalled only by the happy remembrance of seeing all and sundry, during the mending process, hop like high hills over the boards and other obstacles that had to be negotiated in order to reach the stairs.

Some say that further efforts in the way of making smooth the rough places are to be expected. In fact, we met one man sufficiently sanguine to believe that the boot-scraper that lies at the threshold of the hospital would be removed or amended, so that it would no longer wake the echoes of the entire building when anyone treads on it. But we have not yet heard of such important reforms being under consideration.

Last year the Gazette urged that something might be done to accommodate the bicycles of men who are obliged to be on duty late at night. We know that there is a very excellent shed outside the medical school, for which we are duly thankful, but we hardly think that anyone would dare to awaken the commissionaire in the early hours of the morning to get his bicycle out. We believe that bicycles may be taken into the hospital cloak-room, but the steps down are sufficiently impossible at any time, and no one could dream of subjecting a self-respecting machine to this descent.

As it is, it is really very hard lines on dressers to have nowhere to put their bicycles on full duty nights; and as most of them work very hard for the Institution, we think that this matter might be attended to.

THE PHARMACOPŒIA IS OUT!!!

This is by now old news, but there is nothing else the matter with it.

In the words of Mr. Gilbert—

"Loudly let the brasses crash;
Tzing; Boom!"

Even these sounds but faintly express our joy, and we must refer our readers to the verses specially jerked for the occasion by the Sub-Editor (strictly so-called).

Generations have passed from St. Mary's buoyed up by the hope that a new Pharmacopœia would arrive shortly; a whole train of editors and sub-editors of this "influential journal" has passed, each expending his talents in gibing at its delay, and finally each reduced to silence.

And at last, out of the silence comes a slim small book bound in imitation "limp lamb," and the whole place is agog with joy. Now at last have we all got copies. We do dig our fellow-man friendly in the ribs and our design is but frustrated by the volume secreted in his pocket. See then what an era of peace and progress has come upon us: oh, why were we kept waiting?

Of its daintiness who shall speak? At first sight, perhaps, it does look a little delicate, but now we find its slimness sweet and commendable. We hear that a wit (a *quondam* R.O.O.) has thought of giving his copy "Mist oe: Morrhuæ cum Malt," but, though we thank him for his kindly jest, we cannot agree with him.

But one cloud on our horizon of pure joy —what *is* a Baculum anyhow? We know, and you, our well-informed reader, know, but we fear there must still be many wallowing in crass ignorance: let them hie themselves to the Skin Department and they may find out—in time!

Ode on the Pharmacappearance

(PRESUMABLY PENNED BY AN ELATED H.P.

"*Parturiunt montes*, . . ."

Oh, some there be, who bend the knee,
To Chloe or to Phyllis;
Or in the shade of spring-deck'd glade
Make sport with Amaryllis.
I never paid to any maid,
A lover's debt of duty;
My heart was sound, until I found
My blue-backed May-born beauty.

Long years have fled since first was spread
The oft repeated rumour,
She would be born ere morrow's morn
(Or anyhow a few more).
Our souls forlorn in anguish torn,
Saw season follow season;
And still the jade her birth delayed,
For some unearthly reason.

Now half-a-score of sages, more,
It maybe, lent assistance;
From empty air to mould the fair
Young form to sweet existence.
(Some folk there were, who dared declare
When cooking, 'tis a pity,
If ten set forth to make the broth—
But *this* was a Committee).

'Tis said that one, a worthy son
Of Therapy Synthetic,
With all his might (and this despite
Addendum Dietetic,)
Declared was right to stifle quite
Her infant voice, supposing
Its siren strains would lure her swains
From scientific dosing.

This withering blast in safety passed,
To lengths of printed paper
She grew, and then the Council men
Debated how to shape her.
Nine months or ten, Sir ANDREW'S den,
Was strown with printed pages;
To all was clear she'd soon appear,
The Heiress of the ages.

But when the storm about her form
Had blown away, a lesser
Dispute arose around her "clo's"
How *should* the Council dress her?
Now I suppose that no man knows
The fuss there was in finding,
The fittest hue, red, black, or blue,
To serve her for a binding!

But all is o'er and nevermore,
When Clerks attempt to pump me;
On what drugs fill the *Mist.* or *Pil.*,
I order, will they stump me.
I can and will (more glorious still)
Now tell them—by appointment—
(By HER inspired) the things required
To make a *Little* Ointment!

My Guide and Friend, unto the end,
I swear thou shalt not leave me :
My lady great, my May-born mate,
Of thee shall none bereave me.
Oh, merry ANDREW in thy den,
Oh, Great and Good Committee ;
On ye my pen calls blessings ten,
To end this joyful ditty. J. B. R.

Then and Now.

By CAREY COOMBS, SEN., M.D.

The illustrious names of Sibson, Chambers and others then on the staff, and the courtesy of the dean, Mr. Gascoyne, brought me to St. Mary's Hospital. Probably the latter officer, the dean, had a much more difficult time than Dr. Caley has now, for the men who enter now are very different from those entering in my days. The number of entries is now three or four times greater than in those days, and the men who come must be better educated. The medical press occasionally tells us that there is still much room for improvement in that respect.

The modern student is better in dress and behaviour, especially in the matter of alcoholic fluids, but he smokes much more than we did. He does not take his luncheon at the "Bank of England" or the "Marquis" or the "Load of Hay." The last two taverns had the advantage of possessing billiard tables. The "Load of Hay" was much used on that account.

In 1860 we had no cricket, boating, football, rifle practice, or any other games beside the boxing and singlestick which some of us enjoyed under the anatomical theatre.

The morals of the present men are probably better than those of students in the sixties.

Some of the resident staff suffered from various specific diseases; one man had a permanently fixed joint after an arthritis of coccal origin.

The office of assistant demonstrator was not an easy one, unless he smoked, for smoking was not allowed in the dissecting room.

Glee singing round the fires at the ends of that pleasant apartment was enlivening, if the two choirs sang the same theme. And nine-pins could be played with the pine-blocks, even if they smashed the doors of the lower lockers.

On the right-hand side of the entrance to the school lived Marsh, the sovereign lord of that institution. He injected the dead bodies, made many post-mortem examinations, sharpened knives, and did most things. There was a particularly bad wax cast of what remained of a face after long specific disease. "A friend of mine down at Woolwich. I went down and took him after he were dead," said Marsh.

He had a proper pride in his post-mortem achievements—such as sending away a coffin which contained only the head of a late patient, but he was most proud of having exchanged an old skull (having replaced the skin) for the cranium of some interesting patient.

Marsh's skull and skeleton would have been valuable in any ethnological museum : while living, he formed a remarkable contrast to the curator of that time, Dr. Broadbent.

While on the subject of officials, the nurses should be mentioned. In the medical wards, the two most important were a stout old woman of the Sarah Gamp order, and one other, the sister of Albert Ward. (Of course no uniform was worn, nor was any special training attempted.) Sister Kavanagh was by far the best of the medical nurses—she could write fair poetry, she was a clever cupper, and she kept her men patients in capital order. After leaving St. Mary's, she was matron of the Coventry hospital for 20 years. She died there of bronchitis. Another notable nurse was the sister of the two operation wards, in which she did all the dressing. She suffered from asthma and side curls. The chloroformist was a short, stout man named Edwards ; I think he was unqualified. There was no eighth letter in his alphabet—perhaps it is unkind to mention this when two of the lecturers had the same failing. Dr. Tyler Smith, who was doing the best lady doctor's practice in London, never did operations without Edwards' assistance.

An ovariotomy cottage was built in the grounds for Dr. T. Smith, but disappeared some years later. It was of great use during the cholera epidemic of 1866.

The senior surgeon was Mr. Coulson, a heavy-faced man (like Lord Goschen) with white hair and gold spectacles. He rarely did anything beside the two operations for stone. At a lithotomy, men would time him, and perhaps applaud, when the stone was held up at the end of 60 seconds from the first incision.

Why should men say that he usually had a stone up his sleeve?

One day he brought a friend, a jolly little square-built navy-surgeon, to a lecture on lithotomy. Mr. Coulson helped him to unfasten his trousers, and with a chair, assisted him on to the lecture table. Then Mr. Coulson passed a lithotrite, without any anæsthetic, general or local, and crushed a stone for the old gentleman. At the end of the operation, the patient sat up on the table, made some pleasant remarks to the class, and then proceeded to dress himself.

Probably the school of St. Mary's owes its existence to the second surgeon, Mr. Samuel Lane, a patient, careful,and skilful operator. One of his long operations was removal of the upper jaw, with a malignant growth. It occupied an hour and a half. The patient did well.

He was of middle height, always wearing a dress coat, but he did not keep his hat on in the wards, as was the custom in those days.

Mr. Ure, the third surgeon, was peculiar—imagine one of the present staff stopping in the middle of an operation to tap his front teeth with his finger nails, and to smile at the students around him. Another peculiarity was his great success in compound fractures, which in pre-antiseptic days was more remarkable a thing than now. This was Mr. Alexander Ure—I think he was a son of Dr. Andrew Ure, compiler of the Dictionary of Arts and manufactures.

The most important of the assistant surgeons was Mr. James Lane, who did the enterprising operations. He was specially successful in treating vesico-vaginal fistulæ—a condition much more common at a time

when in difficult labour the patient often was unassisted for days. Mr. James Lane gradually became ataxic, and resigned his post.

In his excellent address "Chiefly Retrospective," puplished in the GAZETTE in Dec. and Jan. last, Mr. Owen has made little mention of Dr. Alderson. He was a spare man, neatly dressed, usually in a plum coloured great coat, and well brushed silk hat, which he wore in the wards. He rarely touched a patient (that may seem almost incredible, but is true) except to feel the pulse. His percussion of a chest (an uncommon occurrence) was most careless—and he seldom used a stethoscope. He pronounced the first syllable with a long *e*. He belonged to the old-fashioned physicians who prided themselves on diagnosis by instinct. Dr. Alderson said he could say what was the matter with three-fourths of the patients in a medical ward without turning down the bedclothes.

Dr. T. King Chambers was a good-looking man, with a superior manner (his senior, Dr. Alderson, was Abernethian). A volume of lectures was first published as "The renewal of life," but by the advice of the Censors of the College of Physicians the title was altered to "Lectures — Chiefly Clinical." He cordially disliked his junior and superior, Dr. Francis Sibson, a king among physicians. Mr. Owen in his paper has said much, but not too much, about a man who led the profession in the matter of diagnosis of chest disease.

At half past two his house surgeon, hatted in the hall, would meet Dr. Sibson rushing up the steps. He would pursue the H. S. (now de-hatted) up the stairs — perhaps with an arm round the waist or shoulders of that disappointed young man, who knew that he would have to spend two hours in Albert and Victoria Wards, instead of Bond Street or the Park. Sibson would often use thirty or forty minutes in examining a pet case of aortic aneurism, not when it was a new case or one for demonstration, but for the simple pleasure of examining it.

The students in those days were allowed to attend any (or none) of the Staff in the Wards, but very few men could stand the lengthy investigations of old cases, at so late an hour—a quarter past one was the regular time for surgeons and physicians to go round, but as Dr. Sibson commonly came as late as half-past two, few men attended him, yet this pioneer in accurate diagnosis, is little known now; his only book was "Medical Anatomy," really an atlas of plates of the Anatomy of the Chest, made for him in the deadhouse by a faded old artist.—Dr. Sibson's general writings and address to the Medical Association were collected and published in 1873. In my day, the residents' ambition was to take in as many acute cases as possible, and to send out all chronic cases as soon as they could be decently dismissed. But Sibson deliberately kept or re-admitted old cases for the sake of the post-mortem appearances.

At the Victoria Park Hospital a man applied as out-patient to Dr. S. (not Sibson). Finding an aortic aneurism, he was sent to the house physician, with a request for his admission. The patient returned to Dr. S. much disappointed, with a polite message from the H. P. saying that there was not a single available bed. Dr. S. merely said "Give me that paper for your admission"—and wrote on it "P.S., *p.m.*" In a few minutes, the patient returned radiant, saying "The young gentleman says it is all right, sir, he will send out a man to make room for me."

Treatment was of the very simplest kind; when I was his resident, he gave nearly all his cases diuretic pills, or tincture of perchloride of iron. As his visits to the Wards were so late, his clinical lectures were hurried. If he brought his Cruveilhier (a large, very heavy folio volume) to the lecture, the first man had the points of the picture really well shown to him—the second man had less demonstration; thence the book made a comet-like ever-accelerated motion round the class, flashing past the last man. He once brought a pitch-pipe to lecture, to show the pitch of an aortic murmur of some private patient: who, by the way, was rather proud of the musical tone.

I am much indebted to him for his exact teaching and painstaking examination of the patients. In these respects he was far superior to the other members of the staff in those days.

Of the contrasts between modes of practice then and now, Empyema furnishes a good instance: two or three times during my residence, pus was removed from the chest by the aspirator, and the result was very unsatisfactory- all cases since, in which the pus had a free outlet by incision and drainage, have done well.

It seems to be the practice now for the house surgeons to do many of the operations which in my day were done by the senior staff only—the residents then, were only allowed to do occasional squints and tracheotomies.

We did not send for the senior surgeons at all in my day. On rare occasions an assistant surgeon was asked to come in an emergency—but operations were very rarely, if ever, done in the evening. This change will be partly explained if you make a list of all the operations in any week now, and strike out all that have come into use in the last forty years, how many will be left? Divide that remainder by two, the beds now bring nearly twice as many as then, and how very few will be left! Surgeons are far more enterprising now, but they do not seem to me to have gained at all in dexterity. Operative deliberation may be carried too far, as for instance in abdominal sections. Greig Smith considered that any laparotomy was likely to produce shock, and took precautions to prevent it. Spencer Wells did his ovariotomy "quickly, pleasantly, and safely;" but the modern operator having washed his hands, his instruments, and clothes, and his patients' skin, seems to think that the Greek maxim under which we learnt anatomy, is to be translated—"Let art be long, though time is fleeting."

Much has been done to improve medical training, and his efficiency will always depend more on the pupil than on his teachers, but there are some points in which the present system seems to need improvement.

1. Instruction as the pupil or assistant of a general practitioner, should form part of every medical student's career.

2. No lectures should be compulsory, unless they

are demonstrations (as Chemistry, Anatomy, and Physiology, for instance), or clinical lectures.

3. Attendance in the out-patient departments should be compulsory, and registered, all students being encouraged to act as clinical assistants, in the special departments.

Both then and now, education and modes of practice should be such as to make the medical man's *character* ever better and nobler.

Two Cases of Recovery from Septicæmia, with remarks on the value of Antistreptococcic Serum.

By FREDERICK C. FORSTER, L.R.C.P., M R.C.S.

Seeing that recovery from septicæmia is unfortunately the exception rather than the rule, I thought that these notes of two cases recently under my care might prove useful and instructive.

Case 1.—I was sent for on March 11th, 1903, to see Mrs. S., æt. 26, a primipara, who had been delivered by a midwife of a living male child five days previously.

I was told that the labour had been normal, the child being born "head first," and the after-birth "coming away by itself" soon after. There had been "very little bleeding," and she had gone on all right for two days following.

On the third day she had been restless, and complained of abdominal pain and headache and "cold shivers." These symptoms, together with loss of sleep and vomiting, continued till the fifth day, when I was sent for.

I found my patient in a very distressed condition, with an anxious drawn expression, not completely conscious, though she could be roused up to answer questions. The temperature was 104°, pulse 140, of low tension and regular, and tongue tremulous and coated with a dry yellowish fur.

On examination, I found a slight tear of the perinæum; the lochia were scanty and offensive; and on passing a Ferguson's speculum a foul sanious discharge was seen issuing from the cervical canal. The uterus was extremely tender, but nothing abnormal could be felt in any of the fornices.

Under an anæsthetic I curetted the uterus, flushing it out with hot biniodide lotion (1:3,000), bringing away foul decomposed blood clots, and finally swabbed the whole interior with iodised phenol.

I then infused about two pints of normal saline solution into the left median basilic vein in the hope of diluting the toxins circulating in the blood stream, and sent for some antistreptococcal serum, 10 cc. of which were injected the same afternoon.

On seeing her again six hours later, the improvement was marked. The temperature had fallen to 101° and the pulse-rate to 100, and she expressed herself as feeling much better, and only complained of inability to sleep.

As the renal excretion proved on examination to be satisfactory, morphine gr. ¼ was given hypodermically, and I was pleased to find on my visit later that it had acted most happily. A further 10 cc. of the serum was injected.

A specimen of the patient's blood, which had been sent up to London for examination, was reported to contain streptococci. The pyrexia continued for the next few days, ranging from 99·8° to 101° before finally dropping to normal; and the pulse-rate ten days after confinement was 80, of good tension and regular.

No further complications occurred, and she made a steady convalescence, and was allowed to get up at the end of the third week.

Remarks.—I was greatly impressed in this case by the beneficial effect of the antistreptococcal serum. I had used it several times previously with success, but I had never before noted such a rapid improvement; the amelioration was shewn more in the patient's general condition than even the fall in the pulse-rate and pyrexia would indicate.

The lowness of pulse tension in this patient decided me in giving her a saline infusion to dilute the toxins preparatory to injecting the antitoxin.

Whilst deprecating too much reliance on serum treatment in such cases to the exclusion of other important measures—curettage, etc.—I am of opinion that in streptococcal sepsis (which should be confirmed bacteriologically) the antistreptococcic serum is an invaluable adjunct in the treatment.

Case 2.—A fisherman, aged 40, living in a sea-coast village three miles away, was seen on December 21st, 1902, complaining of a lump in the left armpit and shooting pains in the arm. I found an axillary abscess, with lymphangitis, due to a septic wound on the hand, which he said he had injured some days previously.

The man looked very ill, with flushed face and dark rings round the eyes; the temperature was 103·6° and pulse-rate 130. The tongue was dry and brown, and diarrhœa was present.

Under an anæsthetic the abscess was opened and drained, and the sloughing wound in the hand also reopened and scraped, the arm and hand being dressed with carbolic fomentations.

As the man seemed more ill than his local symptoms accounted for, I sent a blood specimen to London for an examination, and the report came back that it contained staphylococci and streptococci, the latter in excess.

The next morning 10 cc. of antistreptococcol serum were injected, and the same dose given daily for a week following. On December 28th an abscess formed in the metacarpo-phalangeal joint of the middle finger of the right hand, and the temperature rose to 105°, and the man's condition became very grave with delirium, restlessness, and a return of diarrhœa. The wound in the hand still looked unhealthy, and the axillary abscess continued to discharge pus.

On January 10th he complained of pain in his left knee; and three days later, under ether, I opened and flushed out the knee joint, which contained several ounces of foul pus. Counter openings were made laterally and posteriorly, and large-sized drainage

tubes inserted, and the joint washed out and dressed four times daily.

For several days following his condition was critical, the temperature ranging from 101° in the morning to 104·6° at night, and the pulse at times hardly to be felt, whilst the joint continued to discharge pus through the tubes. Rigors occurred several times daily, and the constant vomiting made rectal feeding a necessity.

During conscious intervals he complained of intense pain in the leg and knee, and headache.

On January 24th, under ether, I opened and drained a further collection of pus which had formed over the situation of the left great trochanter. This abscess had burrowed down between the muscles on the outer side of the thigh, but did not communicate with the hip joint nor with the suppurating knee.

For the next fortnight the symptoms ameliorated slightly until February 9th, when I anæsthetised him again to open an abscess in the right elbow joint. This was treated, like the knee joint, with free incisions, and the insertion of full-size drainage tubes to prevent as far as possible any pus collecting in a pouch or not finding a clear outlet.

From this date happily an improvement, at first very slight but gradually more marked, became apparent, though I could not pronounce him out of danger till the end of the month, more than nine weeks from the onset of the symptoms.

The temperature range, which had been for over a month of the "hectic" type, became more even and gradually fell, and his pulse became slower and of better tension. For three months longer he lay very weak and helpless, and the greatest care and watchfulness were necessary to prevent bedsores.

The wounds in the joints slowly granulated, and under passive movements and massage he ultimately recovered a very useful arm, with an excellent range of movement. The knee joint remained rigid for weeks, and the amount of flexion and extension considerably limited.

During the summer, whenever it was possible, he was carried out and kept on the beach nearly all day, and slowly picked up strength and weight; the latter, which had been 14 st. prior to his illness, had sunk to 9 st.

This patient had unfortunately a wife and six children dependent on him, and his means and circumstances were of the humblest.

As he objected being moved into hospital, he was treated throughout his illness in his own poverty-stricken cottage, whilst he depended entirely on the small weekly wage paid him by his club and the charity of his neighbours. For three weeks of his illness, through the kindness of some ladies who were interested in him, I had the advantage of skilled help in the person of a trained nurse, but for the rest of the weary months he was nursed by his wife and friends.

That such a severe and terrible illness had a successful issue even in his miserable surroundings should make one hopeful of similar cases in future.

Remarks.—The serum injections did not, in this case, have any beneficial effect, though they did no harm. Their failure was no doubt due to the fact that the infection was a "mixed one," although, as the streptococci were in excess, I thought it advisable to persevere with the treatment for a week.

Regarding the treatment of such cases, I would merely remark that too much importance cannot be laid on the necessity of free drainage of suppurating joints, and especially the knee joint; *cæteris paribus*, the more free the opening and the larger the draining tubes the better will the joint drain. No surgical case requires more "personal" attention to the dressings than a septic joint.

During his lengthy convalescence he derived great benefit from cod-liver oil and iron, strychnine and arsenic, and the pharmacopœial equivalent of Warburg's tincture, aided in no small measure by sea baths and the advantages of the invigorating sea-breezes.

I have seen him recently, and he looks and feels strong and well, and has resumed his sea-faring life. Though he limps he can walk several miles without great fatigue, and, in spite of the knee joint movements being limited considerably, he finds it not a great inconvenience in his work, whilst, as he himself graphically expresses it, pointing to his knee, "she don't drag her anchor."

St. Mary's Hospital Cricket Club.

The annual meeting of this club was held on Monday, May 2nd, with Dr. Sidney Phillips in the chair. There was a very poor attendance, owing to several men still being away. The Hon. Sec., H. S. Ollerhead, read last year's minutes.

The following officers were elected:—

Captain ...	...	W. S. Mitchell.
Vice-Captain	...	H. S. Ollerhead.
Hon. Sec.	...	F. C. H. Bennett.
Committee	...	H. L. Barker. A. D. Gaye. A. R. Litteljohn.

The President, Dr. Sidney Phillips, then suggested that he should retire, but his re-election was carried unanimously.

ST. MARY'S *v.* EALING.

Played at Ealing on May 4th. Owing to the early date several of our men had not yet returned to town, and so we were not able to get a full team. The match was lost rather badly, and we only just managed to save the innings defeat by 4 runs and one wicket. Winning the toss, we went in first, and were only able to get 71, out of which Ollerhead made 25. Ealing then made 190. In the second innings we made 123 for 10 wickets, H. S. Ollerhead again playing a grand innings and making 75. W. S. Mitchell took seven wickets for 78 runs, and was practically our only bowler. Our fielding was shocking, and many easy catches were missed. Of the new men, C. W. Archer batted well, making 13 and 16.

The score was as follows :—

ST. MARY'S.—1st Innings.

H. S. Ollerhead, b Martin	25
S. Field, b Dangar	4
G. W. Archer, c McDonald, b Dangar	13
H. L. Barker, st b Dangar	4
E. C. Hobbs, st b Dangar	0
W. S. Mitchell b Martin	7
F. C. H. Bennett, c McDonald, b Martin	0
A. Straton, c McDonald, b Longton	5
H. O. Willis, not out	0
S. R. Waugh, b Martin	1
M. C. Mason, b Martin	0
Extras	12
Total	71

EALING.

Dangar, b Straton	8
Martin, st, b Mitchell	87
Bridges, b Field	34
Longton, b Mitchell	5
Fox, J. S., b Mitchell	6
Botton, lbw Mitchell	3
Christie, lbw Mitchell	7
Fox, A. P., c Waugh, b Ollerhead	20
McDonald, b Mitchell	10
Weir, b Mitchell	3
Littlejohn, not out	3
Extras	4
Total	190

ST. MARY'S.—2nd Innings.

H. S. Ollerhead, c Fox, b Bridges	75
S. Field, c Dangar, b Christie	2
G. W. Archer, b Christie	16
H. L. Barker, b Dangar	0
E. C. Hobbs, c & b Christie	0
F. C. H. Bennett, b Fox	2
A. Straton, b Fox	0
H. O. Willis, c Fox, b Dangar	0
S. R. Waugh, c Weir, b Dangar	4
W. S. Mitchell, not out	9
M. C. Mason, not out	0
Extras	15
Total	123

BOWLING ANALYSIS.

	Wickets.	Runs.
Mitchell	7	78
Straton	1	35
Field	1	37
Ollerhead	1	11
Bennett	0	25

St. Mary's Hospital Rifle Club.

The first general meeting of this club was held on May 4th, having been previously postponed until after the Easter holidays.

The officers were elected as follows :—

President ... Mr. A. Q. Silcock.
Secretary ... R. S. Graham.
Committee ... A. Fleming. J. McIntyre. J. Freeman.

It was determined to join, if possible, the United Hospitals Rifle Club, and so use their targets at Runnymede on Wednesday afternoons, and it was agreed that the Secretary should negotiate with the United Hospitals Club and with our own Amalgamated Club to arrange this matter.

It was also urged that men should practice on their own account at the N.R.A. targets at Runnymede, or on any convenient range elsewhere ; and they are asked to send their scores at 500 yards to the Secretary, in order to help the Committee to ascertain if there is already sufficient talent at the Hospital to justify an entry for the Inter-Hospital Cup at Bisley in July. R. S. G.

St. Mary's Hospital Athletic Club.

The general meeting of this Club was held on May 10th, Mr. Ernest Lane taking the chair.

The Secretary, having read the minutes, which were passed unanimously, the following were elected the officers of the club for the year :—

President ... Dr. William Hill.
Hon. Sec. ... A. G. Wells.
Committee ... H. J. Brewer. J. J. Louwrens. A. K. Stuart. R. Taylor. F. H. Wills.

Mr. Lane, in a short speech, spoke of the interest always shown by Dr. Hill in the Athletic Club, and of the success of the Hospital Sports meetings in the last two years. This he attributed to the keenness displayed by the Secretary, whom he was very glad to see re-elected.

The Secretary, in proposing a vote of thanks to Mr. Lane, said that the success of the Sports was, in a great measure, due to the interest that he, their chairman, had always evinced in the Athletic Club.

The vote of thanks having been carried by acclamation, the proceedings then terminated.

Reviews of Books.

BIOGRAPHIC CLINICS, VOL. II. By GEORGE M. GOULD, M.D., Editor of "American Medicine." Rebman, Ltd. London, 1904. Price 5s. net.

We reviewed comparatively recently the first volume of this marvellous work. We have now the second before us. We said in our first review that Mr. Geo. M. Gould, of Philadelphia, U.S.A., was a man of ability and repute. We say now that he is more—he is immense. We predicted then that soon he would gather into his fold the few diseases which he could not at that time ascribe to eye-strain and astigmatism. Well, listen to this : "The Cause of Disease and the Cure.—Just now the cry goes up from a united profession, 'Discover for us the cause of cancer.' . . . It is again the old question of morbid soil and morbid seed. . . . There is no single, more prolific, source of the anæmia, denutrition, than eye-strain and its reflexes, which prepare the soil wherein may spring up the weeds of any disease."

Ergo, if you have cancer, get glasses from George M. Gould.

Oh, it's too absurd ! And the poor man finds that his first book has been neglected, and it rankles in

his mind. "*Parturiunt montes, nascetur ridiculus mus.*" And he, mindful of the agonies of his labour, is wrathful that the world should not admire his "ridiculous mouse." Herbert Spencer's superficiality, Nietzche's madness, Mrs. Carlyle's unhappy marriage —all go down to the same cause: uncorrected astigmatism. Truly, who would not go to George M. Gould for glasses, since they will insure him against all ailments, physical, mental, and moral?

We gratefully acknowledge the compliment Mr. Gould pays us in saying that, on this side of the water, oculists are not advanced enough to recognise the far-reaching effects of astigmatism. Possibly, however, he has a follower in his own country, and, if so, may we suggest that Mr. Gould should have his own eyes seen to: perhaps "eye-strain" is at the bottom of *his* trouble.

THE PHYSIOGNOMY OF MENTAL DISEASES AND DEGENERACY. By JAMES SHAW, M.D. Bristol: John Wright.

An interesting monograph on a fascinating subject. The capital photographs in this book indeed prove the old saying that the face is the mirror of the soul, or mind; the descriptive text is accurate, and the book is worthy the attention of anyone attracted to psychology. It has also the advantage of being no good for examinations.

A POCKET BOOK OF CLINICAL METHODS. By CHAS. H. MELLAND, M.D., M.R.C.P. Bristol: John Wright & Co.

A clearly-printed little summary of ordinary methods of examination of the blood and secretions, evidently intended for an introduction to the subjects. A useful investment for a man beginning clerking, with no time for a larger book until later in his career. Our chief objection to these small "aids" is that there is a danger of their replacing deeper reading, instead of introducing or supplementing it.

A POCKET DICTIONARY OF HYGIENE. By C. T. KINGSETT, F.I.C., and D. HOMFRAY, B.Sc. London: Baillière, Tindall & Cox.

We happened to open this booklet at "Disinfection," and were not favourably impressed at finding under that heading that the cheapest and most satisfactory method of fumigation was by means of one of the authors' patent sulphur candles. Again, in the article "Sick-room—conduct of," we find the aforesaid candle treated to half a page in a manner which smacks of the advertisement column more than the text. We are inclined to think the authors attach also an unduly high value to Sanitas. On the whole, this is one of those works that would not have been missed had it never appeared.

DISPENSING MADE EASY. By WILLIAM G. SUTHERLAND, M.B.Aber. Bristol: John Wright & Co.

This may be divided, as was all Gaul, into three parts. The first aims at helping the practitioner who has to make up his own medicines by giving him many "wrinkles" in the art of dispensing quickly and cheaply. The second gives many formulæ which should be useful. The last part, comprising about a third of the volume, consists of pages each one of which, like the Bellman's famous chart in the "Hunting of the Snark," is "a perfect and absolute blank." These are provided for original efforts on the part of the practitioner, and are entirely charming and restful to the eye, and beyond criticism.

A GUIDE TO URINE TESTING FOR NURSES AND OTHERS. By MARK ROBINSON, L.R.C.P., L.R.C.S. Edin. Bristol: J. Wright & Co. Price 1s.

We cannot say that we think that testing falls within the duties of a nurse. Still, this little book should be useful as a guide to those who wish to have some ideas on the subject. We should suggest, however, that rather too many alternative tests are given.

GOLDEN RULES OF DENTAL SURGERY. By C. W. GLASSINGTON, M.R.C.S., L.D.S.Edin. Bristol: J. Wright & Co. Price 1s.

Considering the size of the book, it is good: but, considering the size of the subject, we cannot praise it. One quotation: "Never forget to turn on the gas." *Quite!*

THE GENERAL PATHOLOGY OF INFLAMMATION, INFECTION, AND FEVER. By E. W. AINLEY WALKER, M.A., D.M.Oxon. London: H. K. Lewis. Price 4s. 6d. net.

This is a reprint of the Gordon Lectures of 1902, and the subjects are dealt with fully and in an exceptionally clear way. In fact, we may say that these lectures belong to the best style of scientific literature —well written, lucid, and full. And when we say that, in addition, the volume is graced by a Latin dedication and is well printed and bound, it will be seen that we approve mightily. We should suggest that all interested should buy it, and keep it and—read it.

MIDWIFERY FOR MIDWIVES. By W. DENISON WIGGINS, L.R.C.P., M.R.C.S., D.P.H. London: Baillière, Tindall & Cox. Price 3s. 6d. net.

The author of this book has had experience as an Examiner for the L.O.S. examination, and writes especially for those preparing for such examinations. The text is clear, well written, and goes thoroughly into the subject, including chapters on Anatomy and Nursing, in addition to the ordinary principles of Midwifery. Appendices containing the State regulations for midwives, and a large number of "sample questions" are appended. Altogether it should be a useful book for those for whom it is written.

THE MEDICAL ANNUAL FOR 1904. Bristol: Wright & Co. Price 7s. 6d. net.

The objections to this publication have, we believe, been pointed out in these columns in years past. While we do not approve altogether, then, we must say that amongst those contributing are some of the best-known members of the profession. The book is illustrated by some well-reproduced plates, those from photographs of various skin eruptions being particularly well done.

Along with this volume we have received a cheap Stereoscope (price 2/-).

THE CARE AND FEEDING OF CHILDREN. By L. EMMETT HOLT, M.D. London: S. Appleton. Price 2s. net.

This little volume is addressed to the "Young Mothers of Great Britain and America," and partakes of the delightful nature of a catechism. We should have thought that Young Mothers led a sufficiently harassed existence without being subjected to the ordeal of answering some hundreds of questions. However, the particular Young Mother whose answers are presumably given, seems to show no signs of irritation, and gives the most satisfactory replies as far as we have read. Perhaps she gets tired towards the end, for when asked "Are there any valid objections to kissing infants?" she gives the objections to infants being kissed, which is not quite the same thing. We could wish, however, that all Young Mothers knew even these objections so pat.

Appointments.

BARTLETT, E. L., L.R.C.P., M.R.C.S., has been appointed House-Surgeon to the General Dispensary, Lincoln.

BOND, FRANCIS, M.D.Lond., M.R.C.S., F.R.S.Edin., has been re-appointed Medical Officer of Health for the Cirencester Division of the Gloucestershire Combined Sanitary District.

CORBIN, H. E., B.Sc.Lond., L.R.C.P., M.R.C.S., has been appointed House Physician to Dr. Phillips.

JONES, H. CADWALADR, L.D.S., has been appointed Senior Demonstrator to the Royal Dental Hospital.

NAGGIAR, EDWARD, F.R C.S. Edin., L.R.C.P., M.R.C.S., L.S.A., has been appointed Assistant Surgeon to the Royal Sea Bathing Hospital, Margate.

PENTREATH, C. H. R., M.B., B.C.Camb., has been appointed Resident Medical Superintendent of the Government Sanatorium for Consumption, Cambridge, New Zealand.

WHITE, R. K., L.R.C.P., M.R.C.S., has been appointed Junior Obstetric Officer to the Hospital.

Change of Address.

BRYAN, FRANK, M.B., B.C.Camb., Moreton-in-Marsh, Gloucestershire.

BURN, ALFRED, M.D.Lond, L.R.C.P., M.R.C.S., Crawley, Sussex.

COLE, ARTHUR F., L.R.C.P., M.R.C.S., C.M. College, Upper Street, Islington.

HILLS, T. W. S., L.S.A., Hornscroft, Bolsover, Chesterfield.

MACLEOD, HERBERT W. G., B Sc., M.D., M.S.Edin., D.P.H.Camb. and Lond. (late H.M., I.M.S.), 2, Dorset Square, Regent's Park, N.W.

SEAGER, H. W., M.B., M.S., Durh., M.R.C.S., Norton FitzWarren, Taunton, Somerset.

SMITH, HORACE, M.D., B.C.Camb., Wonston Lodge, Micheldever, Hants.

STEPHENS, S., L.R.C.P., M.R.C.S., Yetminster, West Sherborne, Dorset.

WILSON, A. E., M.B.Lond., L.S.A., Beach House, Grove Street, Boston, Lincolnshire.

Pass Lists.

ROYAL COLLEGE OF PHYSICIANS.

At a Comitia held on April 28th, the following Members were elected Fellows of the College, viz.:—

J. F. H. Broadbent, M.D.Oxon.
E. H. Colbeck, M.D.Camb.
W. J. Gow, M.D.Lond.

SOCIETY OF APOTHECARIES.

Midwifery.—W. S. Mitchell, E. D. Richardson.

The Services.

ROYAL ARMY MEDICAL CORPS.

CHANGE OF STATION.

Captain C. H. STRATON, L.R.C.P., M.R.C.S., Stainton Cottage, Landour, Mussoorie, U.P., India.

ROYAL NAVY MEDICAL SERVICE.

Surgeon R. H. St. B. E. HUGHES, L.R.C.P., M.R.C.S., has been appointed to H.M.S. Hogue, and H.M.S. Suffolk.

Surgeon M. H. KNAPP, L.R.C.P., M.R.C.S., has been appointed to the Plymouth Hospital.

Surgeon W. G. WESTCOTT, L.R.C.P., M.R.C.S., has been appointed to H.M.S. Egmont, for Malta Yard.

PROMOTION.

Surgeon H. S. BURNISTON, M.B., M.S.Durh., has been promoted to the rank of Staff-Surgeon (dated May 16th, 1902).

Announcements.

BIRTH.

GIBBS.—On April 13th, at Claytons, Bourne End on Thames, the wife of Francis R. Gibbs, L.R.C.P., M.R.C.S., of a son.

MARRIAGES.

FURNIVAL—MACBEAN.—On April 6th, at the Church of St. Mary of Bethany, Quetta, India, Capt. Charles Hilton Furnival, R.A.M.C., L.R.C.P., M.R.C.S., to Daisey, second daughter of Duncan MacBean, Esq., of Quetta, India.

SWORDER—GREY.—On April 27th, at the Church of St. Mary Magdalen, St. Leonard's-on-Sea, Ernest George Sworder, M.B., B.C.Camb., L.R.C.P., M.R.C.S., son of T. Sworder, Esq., of Holly Lodge, Luton, to Gertrude Lilian Grey, Grand-daughter of Mrs. Charles Woodgate, of St. Leonard's.

WIGGINS—ELLIOTT.—At Nairobi, British East Africa, on April 9th, by the Right Rev. the Bishop of Mombasa, Clare Aveling Wiggins, L.R.C.P., M.R.C.S., Medical Officer East Africa Protectorate, third son of William Wiggins, Esq., J.P., of Watlington, Oxon., to Ethel Beatrice, second daughter of C. F. Elliott, Esq., Conservator of Forests, late of Punjab, India, now of East Africa Protectorate.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. X.—No. 6. **JUNE, 1904.** **Price 6d.**

"On Getting Qualified."

There is one process that every medical man has gone through, and that every medical student hopes to go through, the process of getting qualified. With most of us when this moment ultimately arrives, the predominant feeling is one of great relief, the predominant thought is that at last that awful grind is over. Subsidiary feelings exist which vary with different men. In some men there obviously and immediately arises the impression, "now I'm on a level with the rest of them. My opinion is as good as theirs and a lot better than that of the poor benighted G.P. away in the country, far from all the freshness of a London Hospital." If that man has luck he goes off and becomes assistant to one of these despised G.P.'s, and the odds are in favour of his having his eyes widely opened to the difference between his knowledge derived from books and the G.P.'s, derived from facts, and in six months he will be a humbler but a wiser man. At the opposite pole stands the man who is oppressed with a sense of his own incompetence to deal with any disease represented in concrete form in a patient. Set him a question on the disease and the chances are that he will give an account of it—Diagnosis, Pathology, Prognosis and Treatment, excellent and full. But the disease modified by its occurrence in an actual human being has an added element which upsets his mental balance and flurries him. To take an analogy from the Royal and Ancient Game of Golf, many of us have a most effective swing when we are driving at a daisy-head or a bit of paper, but the presence of a little white ball set up on a mound of sand introduces a new element, and the perfect swing results in sending the ball somewhere about cover point, among the long grass or the whins instead of straight down the course. The patient is in the place of the ball, and it is a hard lesson to learn to swing easily at him and keep your eye on him. That is where the secret lies in Medicine as in Golf, keeping your eye on the ball. Your knowledge of medicine may be perfect, but that only makes you a qualified man. There is much to learn before you become a doctor, the man who treats not the disease only, but the disease as it appears in the particular human being you are called on to see. We often hear it said of someone that he is really a most brilliant man, but he hasn't half the practice of so-and-so, who hasn't quarter of his ability. And how often it is true, and probably simply because the first man lacks that capacity of treating the patient in his absorption in the disease, while the second one recognises both patient and disease.

Tubercular Glands of the Neck.

By W. H. CLAYTON GREENE, M.B., F.R.C.S.,
Late Surgical Registrar, St. Mary's Hospital.

A certain apology is necessary as a prelude to the simple and elementary remarks of this Paper, which has no pretentions other than those of offering a few practical hints to the junior readers of St. Mary's Hospital Gazette.

The frequent occurrence of these cases both in hospital and in private practice, and the difficulty that there is in obtaining satisfactory results by treatment, will, I hope, serve as an excuse for the remarks I am about to make.

Although the operation on Tubercular glands is frequently one of the greatest simplicity, in some instances it presents greater difficulties and complications than many more respected major operations.

Clinical Varieties.—We may, I think, commence by dividing the cases into two main groups—

(1) The diffuse.
(2) The circumscribed.

In the first form the various chains are extensively affected, both sides of the neck suffer, and there are developed masses of greater or lesser extent in both triangles; such a condition indicates an infection of great severity, and presents a formidable aspect for operative treatment.

In the second form individual groups are affected. the process being localised to a great extent and confined to certain areas, such as the Submaxillary, the Mastoid, the Carotid or the Trapezial, sets.

Apart, however, from these varieties, there are many peculiarities in the enlarged glands themselves :—

First, there is the Lymphadenomatous gland—if I may use such a term; it is soft, elastic, moveable, with little tendency to break down, nor does it form adhesions in the same ready manner as some of its relations.

Second, there is the local chronic abscess; this appears as a single tense fluctuating swelling, situated either at the angle of the jaw or low down in the posterior triangle, its favourite situations, a form repeatedly mistaken for Dermoids and cysts.

Third, there is the hard firm indurated mass, so often found in senile Tuberculosis, a form readily confused with malignant disease, and in connection with this point it may be worth drawing attention to the fact that Tubercular glands appear to retain their nodular character more obviously than the glands in Epithelioma, for in the latter disease there is so much periadenitis that the lobulated feel of the glandular tumour is not preserved.

At this point I should like to touch upon the question of Lymphadenoma, a subject still of considerable discussion. We appear to have several varieties of glandular enlargement, both in Syphilis and Tubercle, and in these two diseases there is a form of Lymphadenitis which has frequently been mistaken for the so-called Hodgkins disease. This is no place to discuss the vexed question as to whether there is any actual glandular lesion apart from Syphilis, Tubercle and Sarcoma, but it is necessary to point out that several cases recently which appeared to present all the clinical symptoms and signs of Lymphadenoma all turned out to be tubercular. Three such instances are prominently before me, in each case the duration of the glands had been considerable, in one the enlargement had lasted 6 years, in another 4, and in a third 8; in all the glands were freely moveable, there was slight pyrexia, and some degree of anæmia. Microscopic examination revealed Tubercle but in a typical form, there being very pronounced proliferation of the endothelial cells, so that at first sight the case appeared to be one of new growth; on careful searching, however, giant cells and definite evidence of Tubercle formation was obtained.

Professor Wright is of the opinion that many of these cases which are diagnosed as Lymphadenoma are in reality examples of a typical tubercular infection, and the experience of this series of cases seems to strongly support this theory. The fact that glands have existed more or less unchanged for a long period is not against their being tubercular.

In investigating any case of enlarged cervical glands, too much stress cannot be laid on the need for the most careful examination of all the sources of a possible infection, I mean the mouth, the ear, the nose, and the scalp.

Careful attention is to be given to these details, both in the Out-patient Department and in the Wards, for it is no uncommon thing to see patients who have been operated on over and over again for recurring glandular enlargement, while the source of the whole evil has been in three or four carious molars lying obscurely in the sufferer's mouth; indeed, of the cases which have been admitted during the last two and a half years, I believe I could count on my fingers those cases where no local irritative lesion was detected.

It is obvious that if infection is allowed to pour in from some such spot of decay, then no amount of careful dissection will eradicate the tendency. Moreover, we are not always clear that the condition is purely tubercular; in many instances the infection is mixed, in others it is probably due to ordinary pyogenic organisms of attenuated virulence, which are slow in exciting pus formation.

In all cases, therefore, the greatest care must be exercised in removing, filling, or cleansing carious teeth, in purifying the scalp, and in spraying when necessary the nasal cavities. Until this has been done, the patient should not be regarded as a fit subject for operation, nor is much benefit likely to accrue from the lavish administration of Cod Liver Oil.

TREATMENT.

This will naturally be considered under the two customary headings,—

1. PROPHYLAXIS AND PALLIATIVE MEASURES.
2. OPERATION.

1. Attention having been already directed to possible sources of irritation, it will be unnecessary to refer to them again, nor is it needful for me to dwell at length on the value of cod liver oil in due season, on the

importance of fresh air, and on the diet rich in carbohydrates, and meat.

I have no great faith in counter-irritation, and I regard it in the light of a placebo, but among the various external applications which are used, mercurial ointment in some form is the best, and it owes its efficacy I have no doubt, to the general action of the mercury more than to any so-called counter-irritating action.

2. OPERATION.

There are two points which we are called on to decide, firstly, the time at which operation should be performed, secondly, in what class of cases is it most imperatively demanded.

These are questions which need a great deal of consideration, and, as in many forms of disease, we cannot lay down absolute rules.

No case should be submitted to operation until general measures have been employed, and a fair trial made of the various palliative measures. Indiscriminate operation upon improperly selected cases is to be deprecated. There are a large number of patients with enlarged glands, tuberculous in nature, who recover completely if proper attention is paid to local hygiene and general health; at the same time there are many others in whose case operation is deferred until the time most suitable for radical treatment is past. The second form above described, the local abscess should be dealt with all due speed, since there is but little prospect of resolution; and the same advice holds good with regard to the Lymphadenomatous variety.

In this latter class where there is extensive involvement of a number of chains, it is of enormous advantage both to the Surgeon and to the patient that they should be attacked in an early stage while they are still moveable and can be freely removed.

The third group permits of delay.

Here we are obviously dealing with cases of considerable chronicity, with patients whose tissues are capable of exerting a high degree of resistance, and where the operator will meet with unlimited matting, adhesion and fixation of the mass to surrounding structures, so that it is obviously wise to wait until either the mass has decreased in size, or until a local abscess shows signs of forming.

In the majority of these cases anything like a thorough cleaning out of the infected area is impossible. We must therefore limit ourselves to a less radical form of treatment, but one that will meet the needs of the case.

The time which should be chosen is the period when, after careful diet, local and general measures, the health of the patient has been brought above par, for I take it we are not able in the vast majority of subjects to remove wholly and radically the tubercular mischief.

At this point it will not be out of place to suggest that a fair number of cases which are supposed to be due to the activity of the tubercle bacillus probably have no connection with that organism at all. I have had the opportunity of examining the pus from a large percentage of these abscesses, and in many I have found a streptothrix growing in profusion. Such a streptothrix is a normal inhabitant of the mouth, and when its development is favoured by unclean conditions of the buccal cavity, it becomes more virulent and pathogenic: in this state it reaches the glands and sets up in them a process of chronic suppuration, a condition similar to that produced by the actinomyces fungus.

Clinically it is no easy matter to distinguish this lesion from that caused by the tubercle bacillus, but it is a simple matter to do so if films of the pus are made.

My attention was first directed to this by Dr. Paine when he was working in the Pathological Laboratory, and since then I have come across several cases. The stained films show quantities of an active streptothrix, but as far as can be ascertained this organism will not grow in any of the ordinary culture media.

Apart from this fungus there have also been present in other specimens staphylococci and streptococci, so that the presumption is that a large number of cases of breaking down glands do not originate from the tubercle bacillus at all.

These observations will accentuate the necessity for careful examination, and treatment of oral sepsis.

Coming now to the details of the operation, the first consideration will naturally be the Incision.

Kocher and other Continental authorities advocate an oblique or transverse cut as following more accurately the natural lines of the neck, and as leaving a scar which is better hidden by normal folds of the skin. With all due deference to these views there is no better line in most cases than one which follows either the anterior or posterior border of the sternomastoid, since this not only gives adequate exposure of the glands in both triangles but it can be lengthened at the will of the operator without difficulty, and it leaves a scar which is almost imperceptible.

If the glands are very extensive both incisions can be made, the sternomastoid being completely freed along its entire length.

There is no doubt that the advice given, "Make a good incision and see what you are doing," is sound and should be followed, much trouble and complication have arisen from the incision being small owing to the operator having his field of action cramped and important structures hidden.

The above cuts will be found to fulfil all the requirements of the case without sacrificing valuable muscles such as the sternomastoid.

If both sides of the neck are affected and the glands are numerous, it is always a good policy to perform the operation in two stages, as owing to the dragging on the important nerves in the carotid sheath and this neighbourhood, there may be shock and pain.

There is usually free bleeding attending the incision, but this will be found to cease as the operation goes on, indeed, in several extensive cases it has been unnecessary to apply a single ligature at the end of the operation.

Three structures claim attention from the start, and the operator is not free from anxiety until they have been clearly defined and herein lies the advantage of a generous incision.

These structures are :

(1) The internal jugular vein,
(2) The spinal accessory nerve,
(3) The facial nerve.

These are given in the order of most frequent occurrence, the jugular is encountered in both triangles and at both extremities of them ; the spinal accessory is chiefly met in the upper part of the posterior triangle, while the facial is only in danger in the upper neck in a few instances.

As a routine the dissection is commenced from below, and when the glands extend low down, the position of the thoracic duct and of the innominate veins has to be borne in mind.

It is well to make out the position of the jugular at the earliest possible moment since there is less chance of injuring a vessel that is well defined, and, moreover, if any damage be inflicted, it is more readily dealt with. As a rule the glands can be safely stripped off the vein, but should they be adherent, no time should be lost in placing a ligature round the vein and in securing it.

The ablation of an important venous channel such as the internal jugular is not to be undertaken rashly, but at the same it is a dangerous practice to risk tearing a hole in it during the removal of the glands, with the consequence that the wound is suddenly flooded with blood from an opening that it is difficult to secure, while there is the additional danger that air may be drawn into the veins.

The most difficult part of the dissection is where the jugular passes under the post-belly of the digastris, towards the region of the mastoid process ; this is also the position of the jugulo-digastric gland or the tonsillar gland of Keith. This gland is nearly always enlarged, and lies in close relation with the vein. If in removing this the vein be injured, terrible trouble will be experienced in checking the hæmorrhage, and in many cases the operator must needs be satisfied with plugging firmly towards the base of the skull.

A free clearance of all perilymphatic fat must be undertaken, since countless little glands lurk in this tissue, all of which are already infected.

The spinal accessory will be usually found somewhat lower than its normal line, owing to the pressure of the glands above it.

It will be seen passing through the middle of a large glandular mass in the posterior triangle ; it can, however, be easily separated from them, as it lies external to their capsule.

The best way to define it, and this should be done early, is to hook the sternomastoid well forward, and to feel for the nerve along the deep aspect of the posterior border of the muscle just below the mid-point.

The facial nerve, fortunately, is not often in danger, it is only in the extreme upper part that this very important structure is likely to be encountered. The extremity of the incision should not be prolonged above the tip of the mastoid process, and the dissection of glands in this region must be conducted with special care. Should either of these nerves be injured, needless to say, they must be sutured together at once.

In the anterior part of the neck the facial artery and vein will be found well within the area of operation ; in many cases no time need be lost trying to save them, as they are often so adherent to the capsules of the glands as to render this a most tedious and difficult proceeding.

As far as possible all the fat and connective tissue around the glands must be cleared out, as, if this is not done thoroughly, the wound will almost certainly break down afterwards.

It may pass for a truth that the more complete the dissection has been the more certain is it that the patient will be cured.

In dealing with the second class of case, where there is a small local abscess, endeavour should be made to excise the whole sac without opening it. This can only be done in a limited number of instances, but it has the enormous advantage of eradicating the infecting area wholly. Afterwards the wound can be sewn up, and there is every prospect of union by first intention without any chance of a secondary abscess.

Where the above treatment is not practicable, or where the wound becomes infected during the operation, a thorough washing with some antiseptic will be necessary, while if fistulæ are present, which have led to the occurrence of a mixed infection, draining will be indicated.

In the third class considerable license must be allowed, and it is neither possible nor advisable to lay down any fixed and absolute line of treatment ; in some the extensive matting and periadenitis will prohibit an elaborate dissection since it will not be possible to isolate and define important structures.

If a complete removal seems practical it should be carried out, but where this is inadvisable the caseous glands should be scooped out and drainage provided.

On this point there is difference of opinion, but as the wound is almost certain to break down it is well to leave a ready exit for the tubercular serum and pus.

It is an undoubted fact that the results of extirpation of these glands are by no means wholly satisfactory, and it is only right to be prepared for a possible breaking down, in spite of the utmost care taken at the time of the operation.

AFTER TREATMENT.

The most important detail to attend to is that of keeping the patient absolutely quiet for several days where the operation has been extensive, at least eight days. This rest is best obtained by means of a poroplastic splint, this is preferable to the use of sandbags, but it is open to the objection that it renders the dressing of the wound somewhat difficult.

As soon as the incision has soundly healed, and this, in a favourable case, should occur in ten days, the patient should be got out as much as the weather will permit.

A careful watch is to be kept for any signs of abscess in the deeper parts, and at the same time every means should be taken to improve the general health and to prevent any fresh source of irritation which may lead to a recrudescence of the disease.

Notes.

The presentation of prizes by the Lord Chief Justice, Lord Alverstone, on the 29th of June, is a sign of the near end of the session. It is hoped that a large number of students will appear before his Lordship on that occasion and that they will find it pleasant. It is not always pleasant to appear before him. We ourselves have had that experience, luckily in the Witness box and not in the dock, and also luckily the end was a fee and not a fine. We came away from that court with a very lively appreciation of the capacity that might exist even in a lawyer of stripping a case of all unimportant and incidental flummery and making it stand out in its essential nudity.

The prize-giving will commence at a quarter-to-five. Previous to this, at four o'clock, a demonstration will be given by Dr. Alcock in the Physiological Theatre of the Medical School.

The annual St. Mary's Hospital Dinner has been arranged for October 3rd, at the Whitehall Rooms. Mr. A. Q. Silcock will be in the chair.

The opening address of the Winter Session will be delivered by Dr. Wright, in the Library of the School on October 3rd, in the afternoon.

We have received from Dr. Gibbs an old St. Mary's man at Bourne End, a notice of the Bourne End Regatta, to be held on Saturday, July 16th. He suggests that it should be easy to get up a four amongst rowing men at the Hospital to enter for some of the numerous events on that occasion. If there be four men valiant enough to desire to enter they may obtain further particulars from Mr. Alfred Davis, High Street, Great Marlow.

It is our pleasant duty to congratulate Dr. Langmead on his appointment to the post of Medical Registrar at the Hospital for Sick Children, Great Ormond Street. Knowing him as we do, we may, perhaps, be allowed to offer our congratulations also to the Children's Hospital.

Dr. Wright recently gave a demonstration on his methods of examining the blood and other fluids of the body at a gathering at the Royal Society. This he was kind enough to repeat for our benefit in the Physiological Theatre. The Professor treated our fathomless ignorance with his usual charming lenience and poked fun all round, at Physicians and Surgeons alike, and—not least—at his two late assistants ("the diplococci").

We hear a highly characteristic story concerning Mr. Nesfield and "the second-in-command," but we fear that medical etiquette will hardly allow of its publication. It must, therefore, suffice to say that our "Sir Strutulus" is having a great time and remains in his customary state of abnormality.

We hear good news, too, from Abyssinia. Who of us is there that does not remember Mr. Charles Singer and the tear-stained leave that we took of him when he left for Africa, and how, as we pressed his hand, we murmured, "the bravest of us dare not." Let it be known then that Mr. Singer still lives; nay more, he flourishes exceedingly.

". . . I am having a splendid time and have enjoyed myself immensely, so much so that I have made up my mind to come back to this country after a few months stay in England. It was originally hoped that I might go south to Lake Rudolf, but unfortunately there was a good deal of sickness in the caravan and it was found necessary that I should go with the caravan which turned eastward and is now making for Adio Abuba, taking with it all the maimed, halt, and blind."

He tells, too, of water-bucks and elephants, of giraffes and hippopotami, and of a lymphatic gland. This last is from a case "which is not one of elephantiasis," and the weight of it he estimates (*in situ*) as being about 10 lbs. We are sure Mr. Singer will find many old friends to welcome him when he returns—which is to be soon, we believe.

With the total disappearance of the scaffolding which has for so long a time shrouded the New Wing in mystery, we begin to be able to have some idea of the building. It certainly has, in its newness, an almost gay and flippant look as compared with the severity of the present entrance.

There is, perhaps, somewhat of an all-hope-abandon-ye-who-enter-here appearance about the Cambridge Place frontage, but at the same time there is a stolid grandeur in it, which, omitting the boot-scraper, commands our respect. But we do not doubt that a few London fogs will tone down the new front, and will bring it, as far as possible, into harmony with the rest of the building.

In the meantime, as those who are much about the place are well aware, there is a lot of work still being done, especially between the hours of two and four in the afternoon. But, in spite of the difficulty of "adequate stethoscopy," who of us will not gladly bear "the coil and clamour of things to be."

The Hospital Sports will be held on Friday, June 17th, at the Paddington Recreation Ground, Portsdown Road. The first event will be started at half-past two in the afternoon. The Band of the London Rifle Brigade will be in attendance, and tea will be provided by Mr. Pocock; remembering the excellence of last year's delicacies, we can assure all visitors that this important item will be well attended to.

A complete list of all the attractions might, perhaps, prove tedious, and as we are of necessity writing at the eleventh hour, we will only urge all St. Mary's men to turn up and, bringing their friends, to make the Sports Meeting as successful this year as it has been in times past.

The Inter-Hospital Athletic Meeting is arranged for Friday, June 24th, and will be held at the Stamford Bridge Ground.

We direct our readers' attention to the announcement of the Hospital Rifle Club. This club is now definitely organised and all arrangements have been made for its members to practice. Further, the President, Mr. Silcock, has very kindly given a cup which is to be shot for by the members of the Club. We see that some more men are wanted with a view to entering for the Inter-Hospital Cup, and we hope that they will be forthcoming. We feel sure that there must be several men who are anxious to represent the Hospital.

Our congratulations to the Cricket Club on the result of their match against King's College Hospital. Our eleven (or should we say ten?) suddenly dropped the habit that they seemed to have acquired of scoring "masterly played twos," and went in for much bigger efforts. We hope that they will continue in their new ways.

We hear that the Secretary of the Tennis Club is distressed at the lack of keenness displayed by the members. Now that courts can be obtained on four afternoons in the week surely we might be able to raise some good and keen players. We hope that we shall learn of an improvement in this respect.

Occurrences in any way humorous have been of great scarcity during the past month. To the imaginative the notices recently posted in the wards on the subject of Fire are, perhaps, not all together devoid of amusing possibilities. For ourselves, however, we feel that the matter is too serious a one to allow of fantastic treatment.

Nevertheless, to the imaginative we can understand that the picture of the nursing staff, with covered faces, silently crawling on hands and knees trying to find a carpet in the neighbourhood, while the Sister, similarly masked and under the same injunction of "making no noise," does the dumb-and-deaf alphabet down the telephone to Kirby, is not without its whimsical aspect. But for ourselves again, we feel we can hardly express an opinion, as we are conscious that our knowledge of the methods of dealing with outbreaks of fire is limited, and our ideas are very probably out-of-date.

We were glad to receive so entertaining a letter on the subject of Bacula—which our readers will find printed elsewhere. Our correspondent, who modestly signs himself "Behind the Times," has discovered that the word baculum has several meanings in "little Smith," and asks us for a definition of a dermatological baculum.

This we have endeavoured to do sufficient for the purpose of our correspondent's letter, but the word "define" is so hard and rigid an one to use in connection with so dainty a little creation as a baculum. We feel sure that our correspondent will—if he look with the sympathetic eye of the artist—forgive the shortcomings of the description. To accurately define a baculum would be as ungracious an act as that of those who would call a snowdrop by its Latin name.

Mr. Silcock has been appointed one of the examiners in the examination for the Fellowship of the College of Surgeons, in place of Mr. Henry Morris. Mr. Owen is also at present examining in place of Mr. Bernard Pitts, who has had to resign from ill-health.

Another appointment we have to chronicle is that of Mr. Lane, who is to examine in Anatomy in the Second Conjoint Board Examination.

Dr. Wilcox has vacated the post of Lecturer on Chemistry to the Medical School, in order to take up the duties of Medical Registrar. We hope that an efficient lecturer will be found to fill this vacancy, on which the School must depend so much for its efficiency in the preliminary medical examinations.

There is a probability of another Golf Match between the Hospitals of St. George's and St. Mary's in the near future. It is to be hoped that on this occasion we shall thoroughly avenge the defeat sustained last year at the hands of our rivals at the corner.

Among the notable happenings of the past month is that Mr. Clayton Greene has completed his term of office as Surgical Registrar, and that Mr. Maynard Smith has been appointed to succeed him. It is to be hoped that Mr. Clayton Greene's teaching powers may not be long lost to the Hospital. We congratulate Mr. Maynard Smith on his succession to one of the most onerous posts in the Hospital.

On Three Cases of Spasmus Nutans.

By F. S. LANGMEAD, M.B., late Resident Obstetric Officer to St. Mary's Hospital.

The "head nodding" of infants to which the name Spasmus Nutans has been given, would seem, if we judge by recorded cases, to be a condition which is either rare or unrecognised. The more commonly read general textbooks give us no information on the disease. Its rarity is probably, however, not so real as this would induce us to think. Those who are alive to its symptomatology tell us that they come across many cases among their out-patients at Children's hospitals. During the last three months I have seen three cases in No. 8 Room, and as they do not all come within the hospital records, it seems worth while to give a short account of them:—Case 1, E. B, a little girl, aged five months, had been in perfect health until February 26. The mother then noticed that she was short of breath and "tight chested," and had a slight cough. She was fretful and irritable, crying frequently and putting her hand up behind her right ear, from which the mother said there had been a little yellow discharge. A few days later the characteristic movements began and continued up to her appearance in No. 8 room. The head moved with frequent short oscillations. The movements were generally neither vertical as in affirmation, nor rotatory as in negation, but a combination of the two, with an occasional pure movement of either the one or the other. They were intermittent and a quiescent interval could be commanded at will, by fixing the infant's attention. The swinging forward of the head caused her to overbalance, or if held, caused the body to sway slightly in the same direction. This effect made it impossible to sit her up, as she continually toppled over, although before the onset she could sit with ease. Nystagmus was present in both eyes. It was horizontal and rotatory, and more evident on attempted fixation. There were no other abnormal movements. The patient was a well nourished child, she had been entirely breast fed, and there had been no gastro-intestinal disturbance, consequently there was no evidence of rickets. Apart from the nodding and nystagmus, the only departures from the normal were a slight bronchitis and an irritating tooth. The family history was not relevant. The baby lived most of her time in a room which faced north and which the mother describes as very dark. A week before the onset she had fallen out of bed on to her head, but without subsequent loss of consciousness.

She was admitted under Dr. Lees and remained in De Hirsch Ward for about three weeks. While under observation she was given bromide and chloral, and although there was a decided improvement, she was still very jerky when discharged. She re-appeared a week later in No. 8, in much the same condition as when she first came, and bromide and chloral were again administered Her next appearance was delayed for three weeks, because the mother could not bring her up. She was now absolutely free from nodding and the nystagmus had also disappeared. The mother volunteered the statement that she had temporarily "got over her teething."

Case 2, is that of a male child, C. B., aged one year. He was brought up to No. 8 for "head nodding," which had been present for a fortnight, but worse for the last three days. This patient, too, had been fed by the breast for seven months, and since had been on an ample and efficient diet and showed no evidence of rickets. The movements were similar in direction to those in the preceding case, but were less frequent. Nystagmus was confined to the left eye and was purely horizontal. At the same time the mother brought up for inspection a round worm, which the child had passed the night before. There were no erupting teeth in this case. He lived in a poor, dark street, in a back room on the ground floor. No treatment was given at first, but the mother was told to bring him back next day. When he was then seen the nystagmus had gone and has not again appeared, but the nodding remained the same. He was now put on potassium bromide, gr. iii, and chloral, gr. iii, and gradually improved while under this treatment, so that in three weeks' time the nodding was scarcely detectable. A week later the movements were as bad as ever, and on enquiry it was discovered that, by mistake, the bromide mixture had been replaced by cod liver oil and iron.

Case 3, G. H., aged seven months, was brought up to the Hospital on March 28, because of spasmodic movements of the head. They had begun on the night before and had alarmed the mother, because they were violent enough to prevent the child from taking the breast. Movements were both vertical and horizontal; there was no accompanying nystagmus. The child had always been constipated and the bowels had not been opened for two days before this condition started. A week previously she had been dropped on her head from the lap, but was not bruised or rendered unconscious. There was a history of otorrhœa for five months, which had ceased during the preceding week. She also had been entirely breast fed. There had been 12 other children, nine of which had died, the eldest of an epileptic fit, at the age of 14 years. She lives on the ground floor of a house facing north, in a poor, badly lighted street. No evidence of rickets was found. She was given calomel and pot. bromide, and during the following night the nodding practically stopped. When seen next time after a lapse of 48 hours the movements were scarcely detectable, and six weeks later were still extremely slight, though not entirely absent.

Ætiology.—The causation of spasmus nutans is still very obscure and seems to depend on many different factors. Rickets has been most often advanced as the essential cause, and is, undoubtedly, present in a large proportion of cases: 9 out of 20 (Hadden), 33 out of 35 (John Thomson), yet there remains a small number in which there is no evidence of rickets. In the three cases described above, signs of rickets were wanting in every case. If spasmus nutans be a functional neurosis depending upon rickets or its precursors, why do we not more often get it associated with those truly rachitic neuroses, facial irritability, tetany and laryngismus?

The determining cause has been variously designated as teething, gastro-intestinal irritation, worms, bronchitis, exanthemata, trauma, and a host of others. In favour of the view that the origin of the morbid reflex is to be found in the teeth is the fact that the disease is limited to the first two years of life, but it has been found before dentition started. The round worm, as an originator of disease, one always looks upon with distrust, but in Case 2, improvement started simultaneously with the expulsion of one from the alimentary tract. In a certain number of cases a history of a recent fall can be obtained, as in Cases 1 and 3.

Raudnitz, in 1900, advanced the theory that the nystagmus originated like the nystagmus of coal miners, from eye strain, the result of living in the dark and that head nodding followed as a natural consequence of the eye movements. In this conception he is strongly supported by no less an authority than Prof. John Thomson. The three children of this paper all lived on the ground floor of houses in dark streets, in the immediate vicinity of the Harrow Road. The rooms all faced north and the amount of sunlight must consequently have been practicably negligible.

Symptoms.—The symptoms of this condition are practically comprehended by two words. (1) Head nodding. (2) Nystagmus. The head nodding is rhythmical and 1-2 per second in frequency, and may be affirmative or negative, but is usually a compromise between the two. The nystagmus which may precede or succeed the nodding, may be horizontal, vertical or rotatory, and is very fine and rapid. Curiously enough, the nystagmus may be unilateral, a condition well shown in Case 2, and one which is almost pathognomonic of this disease.

Prognosis.—In forecasting the future history of these cases one is treading on firm ground. They always get well, almost invariably before the patient is two years old.

Treatment.—Bromide and chloral are the most advocated remedies, but their effect is doubtful. As may be easily imagined, the cessation of such a self-limiting disease is often ascribed wrongly to medicinal measures. These drugs seem to have had a definite effect in the second case, as the symptoms recrudesced when they were stopped and ceased when they were re-started. In Case 1, however, improvement did not begin until drug treatment was discontinued, but coincided with completion of the eruption of an irritating tooth. This observation, with that of the cessation of the nystagmus in the second case would seem to indicate the detection and elimination of the reflex irritant, as the primary step in treatment.

Publications, etc., Received.

"*Guy's Hospital Gazette.*" "*Middlesex Hospital Journal.*" "*St. George's Hospital Gazette.*" "*The Broadway.*" "*The Hospital.*" "*The Nursing Record.*" "*University College Gazette,*" "*University of Durham College of Medicine Gazette.*" "*St. Thomas's Hospital Gazette.*" "*St. Bartholomew's Hospital Gazette.*" "*Indian Medical Record.*" "*New York Medical Journal.*" "*London Hospital Gazette.*" "*Brooklyn Medical Journal.*" "*The Stethoscope.*" "*Treatment.*" "*General Practitioner.*" "*Charing Cross Hospital Gazette.*" "*South African Medical Record.*" "*British Journal of Children's Diseases.*"

A Difficult Case of Pneumonia.

J. H. WELLS, L.R.C.P., M.R.C.S.

The early diagnosis of pneumonia is very commonly a matter of great difficulty. The following case was particularly so, not only on account of the absence of dyspnœa or other signs pointing to a lung affection, but because of the possibility of a lateral sinus pyæmia having to be borne in mind.

A. B., aged 18 years, came home from school on Sunday, March 20th, on account of pain in the right ear, after having been in the school sanatorium for the three preceding days with contagious impetigo. While waiting for his train he felt very cold but did not have a rigor. He was first seen the same evening at 5 p.m. His temperature was then 100·6°. He had an impetigenous eruption on his face and scalp. There was an enlarged and tender gland on the *left* side immediately below the mastoid process. There was a slight irritable dry cough which had been present for some days. Apart from this there were no symptoms. The patient was put on acetate of ammonia and citrate of potash.

March 21st, at 10 a.m., his temperature was normal. At 6 p.m. it was 105·2°, but when seen about two hours later it had fallen to 101°, and the patient was then sweating freely. The glands previously mentioned were now very tender and there were some enlarged glands corresponding in the right side. The pulse was full and had a frequency of 100, with respirations 20 per minute. There were no physical signs in the lungs but the patient complained of violent frontal and occipital headache. There was a slight persistent discharge from the left ear, but no tenderness over either mastoid. The patient had been suffering from chronic otitis media on the right side for some time past. There was a slight blowing systolic murmur at the apex not constantly present and most marked when fever was highest. Patient vomited once in the afternoon.

March 22nd. 10 a.m., temperature 97·4° after a very comfortable night. At 6 p.m., 105°, and at 9 p.m., 100·5°. No fresh symptoms. Vomited once.

March 23rd. 10 a.m., temperature 97°; 5 p.m., 104°; 9 p.m., 105°. Vomited once.

March 24th. 10 a.m., temperature 105°. The patient was sponged with tepid water, which brought down the temperature to 103·2°. The glands on the left side were now excessively tender and swollen. The ears were syringed out and some pus was removed from both sides. The pulse was 140 and markedly dicrotic. The respirations were not accelerated but there was a slight pleuritic rub heard in the posterior axillary line on the right side in the eighth space. This friction sound was not well marked and there was no pain. The patient was put on Aspirin, 10 grs. four-hourly. Blood films were taken and a differential count of the white corpuscles made, with the result that a definite leucocytosis was demonstrated. Throughout the day the temperature fell gradually.

March 25th. At 3 a.m., the temperature was 96·4°, with pulse rate 80; and at 5 a.m., 104·6°, having risen eight degrees in two hours. The patient was then sponged and by 8 a.m. the temperature had fallen to 99°. At 8 p.m. a small patch of pneumonia was found in the area corresponding to the friction sounds. Afterwards, during the night, the patient was awakened by definite pleuritic pain. The respiration rate never rose above 40, and usually was below 30, and the pulse, which never exceeded 100, was no longer dicrotic.

March 26th. During the 24 hours the temperature rose once to 103.8° and once to 104°, and on the latter occasion the patient was sponged and after that the temperature fell to subnormal (96·2°) and remained so with slight oscillations for the next twelve days. There was a severe rigor in the morning before the temperature reached its highest limit. With the fall of temperature (eight degrees in twelve hours) the pulse rate gradually fell to 50 with respiration 28.

The bradycardia persisted for a week. A pulse tracing was taken and showed very marked dicrotism. The systolic murmur also disappeared with the exit of the fever. The physical signs of pneumonia became marked, there was definite tubular breathing over a small area with fine crepitations and a band of dulness in the lower part of the middle lobe. The physical signs gradually cleared up, the pulse regained its normal frequency, the glands disappeared, and the patient made an uninterrupted recovery.

Comment.—The chief interest of this case lies in the extreme difficulty and pressing importance of an early diagnosis between lateral sinus pyæmia secondary to an old-standing ear-disease, and influenza complicated by an acute otitis engrafted on an old one and possibly pneumonia. The possibility of the case being one of enteric fever had also to be considered, and a further point of difficulty arose from the presence of a severe form of contagious impetigo of the face and scalp, with secondary glandular enlargement, which, for the first three days, was actively progressive, the glands enlarging rapidly and being very tender.

It soon became evident that the last was an accidental concomitant condition, and was insufficient to account for the severity and duration of the fever.

The sudden onset, the hectic fever and the absence of all abdominal symptoms were against typhoid fever, and the leucocytosis definitely settled the question.

In the absence, for the first four days, of all signs and symptons of pneumonia, except slight cough, the respiration being scarcely increased above the normal, it became a matter of urgent importance to determine the question whether the symptons were due to extension of septic disease from the middle ear to the lateral sinus. The facts that pain in the right ear led the patient to seek advice and that there was increased discharge from the ear undoubtedly pointed to a recrudescence of the old-standing otitis media, and the headache, hectic fever of wide range, and the profuse sweating, pointed strongly in the direction of a septic condition secondary to the otitis, and raised the serious question of lateral sinus thrombosis and pyæmia. There were, however, no recurrent rigors, no signs of pyæmic abscesses or thrombosis of the internal jugular vein. Further, the general aspect and condition of the patient in the intervals when he was

free from fever, did not point to an acute septicæmic state.

The alternative was influenza setting up acute otitis in the chronically affected middle ear with probably pneumonia, the signs of which were slow of development. When, on the fifth day, a small area of pleuritic friction was found over the middle lobe of the right lung, followed in a few hours by impairment of resonance and pleuritic pain, it became probable that the whole condition was influenzal, although then it was not possible to say with certainty that the pneumonia was not septic and secondary to lateral sinus infection. The subsequent course of the case and the fact, not elicited, although enquired for, until the pneumonia was recognised, that there had been a small epidemic of influenzal pneumonia at the school, characterised by hectic fever of wide range, profuse sweating, and the late appearance of physical signs, both point to the case having been influenzal in character. The diagnosis may therefore be summed up as a case of influenza setting up acute otitis in an ear chronically diseased, with pneumonia of the right middle lobe and an accidental contagious impetigo with secondary adenitis.

More Obscure Cases of Œdema.

By F. W. GARRAD, M.D., B.C.(Camb.).

Seeing two obscure cases of œdema mentioned in the April number of the Gazette by Dr. Van Praagh reminds me of a child, aged eight, whom I attended some time ago with acute œdema of the bulbar conjunctiva. He is a nervous little patient, and has a rather marked deviation of the nasal septum to the left, slightly obstructing the left nostril; the right is free. The eyes are normal. He had been playing cricket, and complained that he could not see; and his parents, noticing the swelling of his eyes, were naturally alarmed.

On my arrival, about an hour after the commencement of the attack, they said the swelling was beginning to go down, but the bulbar conjunctiva was still so markedly swollen and œdematous that it overlapped the cornea all round to such an extent that the pupil could only just be seen in the middle. Both eyes were alike; there was no œdema anywhere else, nor any sign of organic disease. The urine was normal, except that there was a deposit of phosphates. The swelling rapidly subsided with some lead lotion and a purge, and in twenty-four hours had disappeared completely. There has been no recurrence since.

Another curious case was that of a middle-aged lady who, without any warning, developed acute œdema of the soft structures under the tongue; in the course of two hours it became so great that she could only move the tongue with difficulty, and could hardly speak. I incised the floor of the mouth, a good deal of serous fluid exuded, and the œdema rapidly subsided. There was no obstruction of Wharton's duct by calculus or other cause. In her case there was a sharp stump of tooth which I thought might have been the cause of the trouble, although the œdema was on both sides, and had not the usual characteristics of an inflammatory affection.

The stump was removed later, but I heard that she had a return of the swelling, although not to the same extent, after its removal and after the wound caused by the extraction had healed.

In her case also there was no sign of organic disease, and the urine was normal.

In neither of these cases was there any sign of active inflammation.

Shortly afterwards, I attended a man, aged 42, who had œdema of the floor of the mouth, and on incising it, I removed a salivary calculus, which weighed 25 grains, and measured ¾-in. by ¼-in. by ⅜-in., from the dilated Wharton's duct. There was a history of a moveable lump in that region for ten years. One of his children had had a sore mouth and had drunk out of his cup. No doubt he infected his own mouth from that of his child.

A Case of Extra-Uterine Gestation in a Cat.

By W. V. SHAW, M.B., B.Ch.

The cat was anæsthetised and prepared for operation with a view of testing the activity of a certain drug. On opening the abdomen the uterus was found to be empty, but three fully-formed embryos could be felt higher up in the abdomen. These were found to be closely connected with the great omentum, two of them being contained in a sac partially formed of its folds. One embryo, greatly mummified, with the placenta detached and hanging free in the peritoneal cavity, was enclosed in a dense fibrous capsule. Another was partially mummified, the anterior half of the body being embedded in fibrous tissue and attached to the omentum. The third was in an almost complete sac, which was probably only ruptured by the manipulation, and this had a definite blood supply from the omentum. But in both these last there was no evidence of a properly-formed placenta; there being merely a mass of fibrous tissue from which a few blood-vessels ran to umbilicus of the embryos. The third was a fully-formed kitten, covered with hair, and only the face partially absorbed.

Lying free in the abdominal cavity was what appeared to be partially organised blood-clot, though it may have been one of the placentæ in a state of absorption.

There was some recent peritonitis, sub-acute, limited to the great omentum and anterior surface of spleen and uterus.

The uterus was slightly enlarged, and its mucous membrane thickened, probably due to the formation of the decidua. Otherwise the uterus appeared perfectly normal.

The fimbriæ of the fallopian tubes were small and atrophied, and the ovaries also seemed to be atrophic and scarred.

The above seems worth recording as an almost exact parallel of certain cases of extra-uterine gestation in the human.

Obituary.

JOHN MOORE, J.P., M.R.C.S., L.S.A.

On May 18th, at his home in Moreton-in-Marsh, Mr. John Moore, J.P., passed away after a short illness. He was widely known among the past and present students of St. Mary's Hospital, and no man was more loved and respected.

He joined St. Mary's Medical School at a time when that institution was in its infancy, and he had among his fellow-students men like George Field, Edmund Owen, Walker, Joubert, and many others, whose names are familiar to all old St. Mary's men. He had the friendship, too, of men such as Sibson, Lane, and Handfield-Jones, men who were the founders of the Hospital and School. The testimonials of these men tell how highly they valued Mr. Moore's work in the Hospital. Handfield-Jones writes: "I have seldom had a more hard-working or efficient officer; few have been his equal, none his superior."

After leaving the Hospital, Mr. Moore was attached for a time to the Peninsular and Oriental Service, and for some two years made voyages between England and the East. Before settling in practice in his native town, he increased his experience largely by work at some of the special Hospitals for diseases of the rectum and bladder. He was associated for some time in private work with Sir Alfred Cooper, and always held the esteem and friendship of this eminent surgeon. For many years his father had held a high position as a skilful physician and able surgeon in the Cotswold district, and on leaving London, Mr. Moore joined him in partnership.

Mr. Moore was a man well fitted to take a leading place in his own county, for he came to his life-work with the reputation of having had a first class medical training, and of having gained much experience, while at the same time he was known to be a straight and fearless rider and an excellent all-round sportsman. Year by year as his work and worth became more widely known, he gained the confidence and esteem of all who knew him, while his sound judgment and acknowledged skill led to his advice being widely sought by his medical brethren in the surrounding districts.

One happy feature in his life was the close and intimate relation which he always maintained with his old teachers and friends at St. Mary's Hospital. Sir William Broadbent was one of his most valued friends, and the fact that he owed his recovery from a severe attack of typhoid to Sir William's skill and devotion, did much to bind the ties of friendship closer. In his last fatal illness the care and attention of his old friend greatly helped to render his closing days happier and less suffering.

Many old St. Mary's students acted as his assistants and still speak gratefully of the teaching and kindness which they received. Dr. Mark Style, who was his partner till within a few months of his death, bears the warmest testimony to his loyalty as a colleague, and his thoughtfulness as a friend.

The Cottage Hospital at Moreton-in-Marsh, which owed its foundation and success very greatly to his energy, will always be a standing testimony to the zeal and devotion which he displayed in his care of the poor.

Mr. Moore represented all that was best in the medical profession, and his death leaves a gap which cannot easily be filled.

St. Mary's Hospital Cricket Club.

ST. MARY'S *v.* ST. DUNSTAN'S COLLEGE MASTERS.

This match was played at Catford, on Wednesday, May 25th, the wicket being very sodden. St. Mary's winning the toss decided to bat first, but could only make 76. Our opponents then made 105, thus winning by 29 runs. Going in again we then made 80 for five wickets.

S. R. Waugh batted with great vigour in both innings, making 14 and 38. D. S. Stevenson batted well in the second innings, making 17, when he was unfortunately run out; he should be very useful when he gets used to an English wicket.

The fielding in this match showed some improvement, but we want more keenness shown before the Cup Ties.

The score was as follows:—

ST. MARY'S.—1st Innings.		2nd Innings.	
H. S. Ollerhead, c Percival, b Rice	0	c Young, b McMurray..	0
G. W. Archer, c Rice, b Browne...	3	b Stuart	7
D. S. Stevenson, c Young, b Browne	5	run out	17
J. J. Louwrens, c & b Browne	11	run out	3
G. W. Squire, b Rice	0	not out	10
W. S. Mitchell, c Rice, b Browne	6	b Stuart	38
F. C. H. Bennett, c Arnold, b Browne	9		
S. R. Waugh, run out	14		
R. T. Wooster, st b Browne.....	2		
A. A. Straton, not out	6		
F. W. Hobbs, c Young, b Percival	12		
Extras.....	8	Extras	5
Total	76	(For 5 wickets)	80

ST. DUNSTAN'S COLLEGE MASTERS.

Mr. Stuart, c Ollerhead, b Mitchell	4
Mr. Burnett, b Ollerhead	4
Mr. Young, c Ollerhead, b Mitchell	0
Mr. Smith, b Louwrens.....	30
Mr. Rice, c Hobbs, b Louwrens.....	11
Mr. Percival, b Louwrens.....	3
Mr. Browne, c Straton, b Mitchell	16
Mr. Ray, c & b Straton	23
Mr. Hyde, c Hobbs, b Straton	2
Mr. McMurray, not out	2
Mr. Arnold, b Straton	0
Extras.....	10
Total	105

BOWLING ANALYSIS.

	Wickets.	Runs.
Mitchell	3	29
Ollerhead	1	29
Louwrens	3	29
Straton	3	8

INTER-HOSPITAL CUP-TIE.

ST. MARY'S *v.* KING'S.

This match was played on St. Thomas' Ground, Chiswick Park, on Tuesday, June 7th. Winning the toss, King's went in first, St. Mary's fielding with only ten men, D. S. Stevenson having failed to turn up. The game opened very well for us, two of our opponents' wickets being down for five runs. Their remaining men, however, carried the score to 65. On our side the bowling and fielding were much better than they had so far been this season, W. S. Mitchell bowling particularly well. W. T. Finlayson kept wicket very well, no byes being scored against us.

Going in to bat we started very badly, six wickets being down for 51. W. S. Mitchell and J. J. Louwrens then got together, however, and carried the score to 123. After this our opponents bowling and fielding became rather demoralised, and our total for the whole side was 221.

J. B. Webb, who was on the ground, on finding that we were short, very sportingly turned out as an eleventh man.

KING'S COLLEGE HOSPITAL.

A. M. Pollard, lbw, b Mitchell	0
W. T. Buscoe, b Mitchell	16
R. C. Paris, b Ollerhead	0
W. R. Edwards, c Archer, b Ollerhead	6
C. O. Anderson, b Mitchell	9
B. Hughes, not out	8
— Wija, c Louwrens, b Mitchell	3
E. S. Holland, b Mitchell	9
A. O. Saunders, b Mitchell	3
C. Amaswiza, b Finlayson	7
A. Calbrait, lbw, b Finlayson	0
Extras	4
Total	65

BOWLING ANALYSIS.

	Wickets.	Runs.
Ollerhead	2	16
Mitchell	6	31
Louwrens	0	10
Finlayson	2	4

ST. MARY'S.

E. W. Archer, b Wija	9
E. W. Squire, b Wija	12
W. T. Finlayson, b Wija	6
H. S. Ollerhead, b Pollard	0
S. R. Waugh, lbw, b Pollard	3
H. T. Barker, b Pollard	8
W. S. Mitchell, run out	68
J. J. Louwrens, c Buscoe, b Wija	36
F. C. H. Bennett, st Pollard, b Paris	26
A. A. Straton, c Wija, b Paris	11
J. B. Webb, not out	1
Extras	41
Total	221

St. Mary's Hospital Athletic Club.

The Annual Sports Meeting of this Club will be held at the Paddington Recreation Ground, on Friday, June 17th, commencing at 2.30 p.m. The following gentlemen have consented to act as officers for the Club :—

President ...	Dr. William Hill.
Referee ...	Dr. Sidney Phillips.
Starter ...	Mr. J. Ernest Lane.
Hon. Treas....	Mr. H. E. Juler.
Judges	Dr. A'cock.
	Dr. H. A. Caley.
	Mr. C. I. Graham.
	Dr. Theo. B. Hyslop.
	Dr. Arthur P. Luff.
	Mr. Leslie Paton.
	Mr. A. Q. Silcock.
Committee	H. J. Brewer.
	F. A. Juler.
	F. A. K. Stuart.
	W. R. Taylor.
	F. H. P. Wills.

The Band of the London Rifle Brigade will be in attendance.

Mrs. William Hill has kindly consented to present the prizes at the conclusion of the racing.

A. G. Wells, J. J. Louwrens, } *Hon. Secs.*

St. Mary's Hospital Rifle Club.

The St. Mary's Hospital Rifle Association is at last put on a business foundation. We have joined the United Hospitals Shooting Association, which allows us to enter a team for the Inter-Hospital Cup at the Bisley Meeting, on Thursday, 14th July. This competition is for a team of six men, each to fire a sighting shot and ten shots at 500 yards. The United Hospitals engage targets on Wednesday afternoons, at Runemede, and also hold a prize meeting on Wednesday, June 15th, for which we hope a good number of St. Mary's men will enter.

At our last meeting the rules drawn up by the Committee were accepted and J. Freeman was elected captain. Mr. Silcock presented a cup to be shot for. The competition for this will be a handicap and will be held on Friday afternoon, June 24th. The handicaps are to be arranged by the Committee and cannot be given to those who do not shoot at Runemede beforehand, these men must shoot from scratch. The conditions are to be those of the first stage of the King's—seven shots and a sighting shot at 200, 500, and 600 yards. It is hoped that this competition will bring forward the two or three men yet necessary to justify an entry for the Inter-Hospital Cup.

So far men have been down to shoot at Runemede on five occasions, and several show promise of becoming good shots. Targets can be most easily obtained on Friday afternoons, which is, therefore, the time selected for Hospital practices, but if any other time (except Saturdays) is found more convenient by a sufficient number, targets can be arranged for by the Secretary. Ammunition can be bought on the range from Sergeant Flanagan.

As for the rifle, it is proposed that the Club shall procure one for general use if possible, but meanwhile, those men who do not possess private rifles will be able to borrow one on the range. J. F.

Correspondence.

IN GENERAL PRACTICE.

DEAR MR. EDITOR,

I am not a frequent trespasser on the pages of your valuable journal, but as two recent cases with which I have had to deal, link themselves in my mind with the palmy days spent in residence at St. Mary's, I venture to submit them to your Editorial censorship.

The first I will entitle: "The Artful Wiles of the G.P."

It is essentially a sporting article, as it concerns hunting for a needle which has perforated the skin and lies low in the subjacent tissues. When confronting these cases in the out-patient department, it used to strike me, and has, doubtless, struck a long list of my predecessors and successors similarly circumstanced, that though the needle goes in at a very small hole, it usually comes out at a very large one.

This reflection crossed my mind last Sunday when called to see a young lady, into whose foot a bit of needle had penetrated.

Looking at the small aperture of entry, I conjured up in my mind's eye the customary aperture of exit. I then glanced round the room and spied a small fat bottle. I tried to convert this into a cupping-glass, but it would not work. So I ordered a poultice and went off to get my tools and think about it.

I found at home a large test tube, which seemed to work well as a cupping-glass, and I found a large rubber cupping-glass. Then I bethought me of my glass serum syringe, which creates a perfect vacuum and holds about ¾ of an ounce. The question was how to circumvent the nozzle. This I did as follows: I took a piece of india-rubber tubing which fitted tightly over the lower end of the syringe and I cut it off so that an eighth-of-an-inch protruded beyond the nozzle. This made a sucker, which adapted itself well to the surface of the skin, but collapsed when I withdrew the piston. So I found another piece of rubber tubing which just fitted inside the first and over the nozzle of the syringe; this I cut somewhat shorter than the outside piece. Armed with this sucking gear in addition to a bag full of cutting, probing, and seizing instruments, I returned to my patient. The next hour I spent sitting on the ground at her feet pumping her for all I was worth. First it "seemed to draw," then it "pricked," then I fancied the needle seemed a little more perceptible to the touch, then it actually pointed. I then made a tiny incision through the skin, and when it ceased bleeding I again manned the pump—a few strokes, nothing visible; a few more and I fancied I saw a dark shade through the incision: yet a few, and the familiar black end seemed to fill the aperture; the final application brought the broken end far enough out for me to complete the removal with my finger-nails. The piece of needle measured exactly half-an-inch. I applied an antiseptic dressing as a precaution, and did not see the patient again professionally, but she was up and about again in a day or two. I think this plan is worth a trial for the extraction of needles and possibly of thorns and splinters. The kind of apparatus best suited to the individual case, would depend to some extent on the region involved. I should imagine that a cupping-glass put over the aperture of entry and re-applied frequently for a considerable space of time would tend to draw a needle even from some depth towards the surface.

The second case finds a suitable title in the following aphorism: "Never neglect the opportunity of introducing the index finger into the rectum."

A fortnight ago a gentleman, 72 years of age, presented himself to me with the request that I would order him something for bleeding piles. Here was the opportunity not to be missed!

Inspection revealed a healthy, well-contracted anus. On introducing the finger into the rectum, no indication of anything wrong for the first inch-and-a-half, then a hard nodular substance forming a lining ring round the inside of the gut. It was slightly tender on pressure, and the finger came away blood-stained. As far as I could judge, the finger could reach beyond the growth at all points.

I did not prescribe an ointment, but sent the patient to a higher authority with a recommendation to submit at once to any course which should be proposed.

SEQUEL.

The operation was performed by Professor Roux, in his clinique at Lausanne, on the 17th May.

Pacquelin's cautery was the sole cutting instrument used. The anus was well dilated by digital rupture of the internal sphincter.

First incision: longitudinal—from somewhat in front and to the left of coccyx, through the floor of the perineum and coats of bowel to a point beyond the growth.

Second incision: longitudinal—from the anterior margin of the anus through the bowel walls to a point beyond the growth.

Third incision: transverse—just within the anus and extending beneath the bowel walls so as to raise a quadrilateral flap.

Fourth incision: transverse—through the bowel walls beyond the growth, so as to detach the flap already raised.

These four incisions served to remove a flap of bowel wall on which the growth was seated and which measured about 2 by 1½ inches.

Professor Roux thinks he has removed the entire growth, but gives a guarded prognosis as to the possibility of recurrence starting from deeply seated glands which may already be involved.

Before operating, he told me that he feared a permanent weakening of the internal sphincter would ensue from destruction of part of its circumference, necessitated by the close proximity of the growth to the muscle.

The pathological diagnosis may be left to the student for solution as a problem in practical surgery.

Yours etc.,

STUART TIDEY.

Montreux.

BACULUM, BACULI.

To the Editor, ST. MARY'S HOSPITAL GAZETTE.

DEAR SIR,

Being one of those benighted individuals "still wallowing in crass ignorance" as to what a baculum might be, and anxious to keep pace with the latest improvements in therapeutic procedure, I made haste, after reading the current number of the GAZETTE, to consult my Latin Dictionary, and various classical works of reference, hoping to gain some enlightenment on the point, upon which the medical works at my disposal are silent.

I found, however, that there are three or more possible interpretations of the word, namely: 1. The wand of a magician. 2. (Rare) A kind of brazen wind instrument. 3. A walking stick. I note also that bacillus is the diminutive of baculum.

My endeavours to weigh the probabilities as to which of the above meanings might be the correct one, have not been altogether encouraging in their results, the mental picture of the skin department which the problem conjures up, differing in many essential details from that department as I remember it in the late seventies and early eighties.

The Dermatologist clad in a flowing black robe, and wearing a conical hat traced with cabalistic signs stands in a dim religious light exorcising bacula (very *un*diminutive bacilli as large as sausages) with the stately wave of his baculum. He is assisted in his task by a well-known and ever popular official of St. Mary's, who discourses subtle music on his baculum (trombone), the most virulent and tenacious microbes being dislodged and driven in confusion from their lairs with "Hiawatha" and "Pansy Faces," (the latter air being not inappropriately used in cases of Lupus Erythematosus). The doors are guarded by a corps of brawny clerks, armed with bacula (3), with which they warn off all importunate "varicose ulcers," and "old cases of ringworm."

As the above must, at any rate in some respects, be a disordered picture, I should be most grateful if you could find space in your next issue to define a dermatological baculum. In this request, I feel sure I am voicing the wishes of many harassed G.P.'s, who like myself, cannot find time to "hie themselves to the skin department to find out."

Yours very faithfully,

BEHIND THE TIMES.

London, N.W.

[With all the pleasure in the world. We have ourselves interviewed a baculum, and we feel sure our correspondent would be charmed by it. It is the daintiest of devices and has a most *chic* little way with it. In form then, it is, as it were, a thin pencil of some two or three inches in length, tapering delicately to a point. Diffused throughout its elegant proportions is a drug such as Chrysarobin, Resorcin, or the like, whilst its bulk (if so gross a word may be allowed) is of Lanolin and *Cera Flava* (yellow beeswax—to save the dictionary—from *cera*, wax, and *flava*, of the yellow bee). Fashioned in this wise, it lives out its little life, short, but to the point—in a mould is it born, mouldy it dies and is not. Of its function we speak with diffidence, but we believe that it exists to be applied in a gentle and artistic manner to suitable skin-lesions, thereby causing the leopard, so to speak, not only to change his spots but to be rid of them. Of this we speak with the humility of inexperience, but for our correspondent's "disordered picture," we offer an alternative: the sight of *homo sapiens* engaged, monkey-like, in attending to every detail with the point of a baculum, dotting himself with chrysarobin and beeswax, and finally by means of this homocea, cured!]

NOTICE TO CORRESPONDENTS.—*No anonymous communications can be inserted. All communications must therefore be accompanied by the name and address of the sender, not, however, necessarily for publication.*—ED.

St. Mary's Hospital Lawn Tennis Club.

A tournament has been started this month, with a fair number of entries—27 for the Handicap Singles, 13 for the Open Singles, and 8 pairs for the Open Doubles. Some surprising results have already been obtained in the early rounds of the Handicap Singles.

It has been decided to send a team to compete for the Inter-Hospital Junior Cup, at Chiswick Park, on June 22nd, 23rd and 25th, but the prospects of our bringing the Cup home do not seem very promising at present.

L. H. G.

Reviews of Books.

THE ST. MARY'S HOSPITAL PHARMACOPŒIA. Harrison & Sons, London. 1904. Price 1s.

We have waited long for the publication of the new edition of the Pharmacopœia. Now that it has come we have nothing but praise to offer. In every way it is a credit to the committee who have been responsible for its production. We would almost say that it is too full in the formulæ it gives, that it will leave too little to the medical men who use it. In it they will find a mixture suitable for any case they may be called on to treat, and so from disuse their power of compounding a mixture of their own will atrophy. Yet if they rely on this little book they will not find it a broken reed. Its *format* is not the least to be praised. Printed on thin but strong paper, and bound in limp leather, it can be slipped easily into the pocket and there is in it plenty of blank space for additional formulæ. We can, with due pride, assert that it is quite the neatest specimen of a hospital Pharmacopœia published in London.

CLINICAL STUDIES IN SYPHILIS. ARTHUR H. WARD, F.R.C.S., Surgeon to the London Lock Hospital, &c. London: *The Medical Times, Limited.* Price 3s. 6d.

Mr. Ward has written an exceedingly useful little book possessing many merits. He has collected a great number of cases from his own experience and views them all from the point of view of a supporter of the Microbe-Toxin theory. He says, "To anyone who sees much of this disease, its infinitely varying manifestations, and its far-reaching effects, a theory of causation which will explain and unify the vast series of facts involved becomes a pressing necessity. . The attribution of all these phenomena to a vague "virus" which contented our predecessors, becomes more and more unsatisfactory. Microbes, and their toxic products, have already been shown to be the cause of so many pathological conditions, that the mind naturally turns to what is known of their action in the living organism to gain, if possible, some light on the problems of Syphilis."

This theory then, Mr. Ward has taken as a working hypothesis and proceeds to explain the various phenomena of the disease on this ground. We recommend the book as an exceedingly useful one, well and thoughtfully written.

MEDICAL LABORATORY METHODS. H. FRENCH, M.D.Oxon., M.R.C.P., Medical Registrar at Guy's Hospital. London: Baillière, Tindall & Fox. Price 3s. 6d. net.

In this book, which is suitable in size and binding, the chemical and microscopical tests most commonly used in the medical laboratory are set forth. Special stress is laid upon the fallacies of each test and the whole subject is treated most practically. The work is exceedingly well done and the book should be of great service to many men. We could not wish for a better book of its size and scope, and, indeed, such a volume was much wanted.

OPHTHALMOLOGICAL ANATOMY. By J. HERBERT FISHER, M.B., F.R.C.S., Assistant Surgeon, Royal London Ophthalmic Hospital and Assistant Ophthalmic Surgeon, St. Thomas's Hospital. Hodder and Stoughton, London, 1904. Price 7/6.

We must confess to a feeling of disappointment in reading this book. The title was so promising. There is quite room for a full treatise on the Anatomy of the Eye in English but the Author in his fear of being diffuse or too elementary is too frequently scrappy. The book is divided into two parts. The first part deals with the anatomy and more than half of it deals with the relations of the nervous system of the Eye. This with the illustrative cases form the best part of the book. The second part is made up of illustrative cases, many of which are of great interest. But we could wish that Mr. Fisher had consolidated his information into a more homogeneous mass. We hope that at some future time he may give us what few English Ophthalmic Surgeons are so well qualified to give, a complete and authoritative text-book on the Anatomy of the Eye.

AN ATLAS OF HUMAN ANATOMY. By CARL TOLDT, M.D., Professor of Anatomy in the University of Vienna, translated from the third German Edition by M. EDEN PAUL, M.R.C.S., L.R.C.P. Rebman, Ltd., London, 1903. Parts I.-IV.

We are glad to see that this publishing firm Rebman, Ltd., have been enterprising enough to bring this excellent series of illustrations of Human Anatomy by Professor Toldt before an English Public. If the later parts keep up the promise shown by these earlier parts, they will form a work of very great value to the student desirous of reading up his Anatomy before an Examination or for the practitioner who wishes to refresh his knowledge of any part of Anatomy and who is too far away from the dissecting room. We owe a debt of thanks to Rebman, Limited, and to the translator for making this work available for English readers.

MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS: Vol. I., Inorganic Substances. C. D. F. PHILLIPS, M.D., F.R.S. and F.R.C.S.Edin. Third Edition. London: Longman, Green & Co. Price 21s.

For its third edition this volume has been carefully revised and, to a large extent, re-written. As it now stands it is to be cordially welcomed as a very good piece of work. The pharmacological actions of the various inorganic drugs are fully discussed, while the difficult pathological conditions in which each drug has been or is used are set out at great length. There are special articles in this volume on the newer remedies; the various "medicinal" springs, antitoxins, and electro-therapeutics are treated fully. The second volume, which is not yet to hand, is to deal with the organic substances used in medicine, and we shall be on the look out for it. Space will not allow of any more detailed account of this book, but we may say that it shows a great deal of work, thought and experience, and last, but certainly not least, a great love of medicine.

A MANUAL OF SURGICAL DIAGNOSIS. JAMES BERRY, B.S., F.R.C.S., Surgeon to, and Lecturer in Surgery at, the Royal Free Hospital. London: J. & A. Churchill. Price 6s. net.

This book is a very clearly written one and one which "reads easily." It is well arranged and the author has made a liberal use of various types, so that the headings and most important facts stand out conspicuously. In addition there is a copious and carefully compiled index rendering reference to any particular section easy. The methods of examination are fully detailed and the differential diagnoses of the various conditions found are well set forth. Altogether it is a very readable book and should be of great use. The colour of the binding starts us off reading with a light heart and the author throughout keeps us going easily, which is more than can be said for many books on surgical subjects.

We have received an Illustrated Catalogue from J. C. Hoyer, of 15, Bouverie Street. Hoyer is so well-known to us at St. Mary's as an exceptionally skilled mechanician that no commendation on our part is necessary. The Catalogue shows a long list of

scientific instruments and fittings from microscopes and microtomes to coverglasses and forceps. We feel sure that men cannot do better than visit Bouverie Street for whatever they may want.

Recent Appointments.

SURGICAL REGISTRAR.

S. MAYNARD SMITH, M.B., F.R.C.S.

Mr. S. Maynard Smith, who has been appointed to succeed Mr. Clayton Greene as Surgical Registar, has been connected with St. Mary's Hospital for the last ten years. He gained an Epsom Scholarship at the Hospital in 1895. He qualified at the Colleges in 1898, and within more recent times he has taken the Fellowship of the College of Surgeons. He is a Bachelor of Medicine in the University of London, and he has had a varied experience as Resident Medical Officer in a children's hospital and in a lunatic asylum, as House Surgeon to Mr. Owen at St. Mary's, and as Civil Surgeon in South Africa during the War. Lately he has been Demonstrator of Anatomy in the Medical School, and at the same time he has been gaining experience as Clinical Assistant in various special hospitals, so that he will bring broad and varied training to bear on the duties of his new post.

Appointments.

CLARKE, J. JACKSON, M.B.Lond., F.R.C.S., has been appointed Surgeon to the City Orthopædic Hospital, and also Surgeon to the North-West London Hospital.

HILL, P. E., M.R.C.S., L.S.A., has been appointed Medical Officer to the Post Office, Crickhowell.

LANGMEAD, F. S., M.B.Lond., L.R.C.P., M.R.C.S., has been appointed Medical Registrar to the Hospital for Sick Children, Great Ormond Street.

LINDSEY, E. C., L.R.C.P., M.R.C.S., has been appointed House-Surgeon to the General Hospital, Hereford.

Change of Address.

COOMBS, C. F., M.D., B.Sc.Lond., 11, Henleaze Road, Bristol.

CROWE, J., L.S.A., Sackville House, Sackville Street, Skipton, Yorks.

FALKNER, A. H., L.S.A., Zealand Conyers, Carnforth.

MOTTA, A. C., M.B.Lond., L.R.C.P., M.R.C.S., Devereux Park, Kingston, Jamaica, W. I.

PHILLIPS, SIDNEY, M.D.Lond., F.R.C.P., 3, Upper Brook Street (Telephone: 1525 Mayfair).

Pass Lists.

UNIVERSITY OF LONDON.

DEGREE OF M.B.

S. MAYNARD SMITH, F.R.C.S. (1st Division).

SMEETON JOHNSON, L.R.C.P., M.R.C.S. (2nd Division).

UNIVERSITY OF DURHAM.

DEGREE OF M.D.

M. F. SQUIRE, L.R.C.P., M.R.C.S.

ROYAL COLLEGE OF SURGEONS.

COURT OF EXAMINERS.

A. Q. SILCOCK, M.D., B.S.Lond., F.R.C.S., was elected an Examiner.

CONJOINT BOARD EXAMINATION.

Medicine.—K. M. Gibbins, J. M. B. Rahilly, H. J. Gibbs, W. G. Cheatle, W. G. Speers, H. G. Sievewright, H. J. Brewer.

Surgery.—E. G. R. Lithgow, J. W. Barber, G. A. Bradshaw, S. H. Warren, A. H. Bond, F. R. Harris, A. W. K. Straton, C. McDougall.

Midwifery.—J. Winder, W. S. Mitchell, J. F. R. Gazet, E. G. R. Lithgow, C. L. Isaac, H. G. Rickman.

L.R.C.P., M.R.C.S.—K. M. Gibbins, J. M. B. Rahilly, W. G Cheatle, W. G. Speers, J. W. Barber, F. R. Harris.

SOCIETY OF APOTHECARIES.

Surgery.—F. P. Rose.
Forensic Medicine.—A. Lazar.
Diploma.—F. P. Rose.

The Services.

ROYAL ARMY MEDICAL CORPS.

Captain W. R. P. GOODWIN, L.R.C.P., M.R.C.S., is selected to officiate as Personal Assistant to the Principal Medical Officer, Punjab Command.

CHANGE OF STATION.

Major N. Manders, L.R.C.P., M.R.C.S., has changed Station from Devonport to Salisbury Plain.

Lieut. H. H. J. FAWCETT, L.R.C.P., M.R.C.S., has changed Station from Netley to Salisbury Plain.

Lieut. F. C. Lambert, L.R.C.P., M.R.C.S., has changed Station to Woolwich.

ROYAL NAVY MEDICAL SERVICE.

ENTRANCE EXAMINATION.

J. D. KEIR, L.R.C.P., M.R.C.S.

CHANGE OF STATION.

Surgeon R. H. St. B. E. HUGHES, L.R.C.P., M.R.C.S., has been appointed to H.M.S. Suffolk, Mediterranean Station.

Announcements.

DEATH.

MOORE.—On May 18th, at Moreton-in-Marsh, Gloucestershire, J. N. Moore, J.P., M.R.C.S., L.S.A., Aged 63.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. X.—No. 7. **JULY, 1904.** **Price 6d.**

Lord Alverstone at St. Mary's.

There are few men of distinction in England of the present day who can illustrate more fully in their own lives the ideal of the student than does the present Lord Chief Justice, Lord Alverstone. It is but fitting that one so fully in sympathy with student life should be so frequently called upon to address students, and we congratulate ourselves at St. Mary's on his presence at our prize-giving on the 29th of June. Richard Webster's form as an athlete has been handed down through many generations of undergraduates, but that prowess was always subsidiary to the work which made him a wrangler and also gained him honours in the classical tripos. His subsequent career at the bar and the distinction he gained in that special field of work which demands the keenest and clearest knowledge of most intricate scientific details are too well known to need retailing here. He, himself is an illustration of the success that attends those who follow out the advice which he gave us on the 29th. Honourable feeling and good conduct are essentials in every man. Concentration of thought and work is the essential which alone can make for success. It is the man who is never satisfied that he knows a subject who will advance that subject. The knowledge of him who thinks he knows is and remains superficial. Often we find ourselves astonished at some knowledge displayed by a man and think of it as being quite outside his line, and often subsequent learning on our own part reveals to us the connecting links which to our ignorance were hidden. Knowledge is like a mountain, the greater its height the wider must be its base.

Lord Alverstone's references to the preponderating influence of the human element in medicine as compared with other professions, and his sound advice on the subject of the proper place of athletics were expressed with that sane moderation which makes a visit to his Court even in the troublesome capacity of a witness a pleasure. He invariably raises in us a sense of the keenest admiration at his manner of getting at the gist of any case, stripping of the non-essentials and getting out of each witness exactly what is necessary to the elucidation of the problem before him. We offer him the hearty thanks of the Hospital Medical School for his kindness in presenting the prizes and giving us such an excellent address.

Nerve Suture in Infantile and other Paralyses of the Extremities.

BY WILFRED HARRIS, M.D., M.R.C.P.,*
Physician to Out-Patients, Hospital for Epilepsy and Paralysis, Maida Vale, and Casualty Physician, St. Mary's Hospital.

The subject of the recovery of function in an injured nerve has for a great number of years been one of extreme interest to surgeons and physiologists alike. There are three possible methods by which a nerve, fresh-divided and its two ends immediately sutured together may recover. Firstly the nerve might possibly heal by first intention, with little or no interference with its function. Here and there in the literature records of such cases may be found. For instance, at the discussion on Nerve Suture before the French Surgical Society in 1901, M. Regnier claimed to have on two occasions divided and immediately sutured together the external popliteal nerve in man, with no motor or sensory paralysis following. In 1894 M. Reboul also claims to have had precisely similar experience with the musculo-spiral nerve. Both these surgeons attempted to confirm their results by performing the same experiment in animals, but failed every time, and such instances are looked upon as to be explained, if truly reported, as rare instances of double nerve supply, in which resection of one nerve might make no difference. None of these cases have had applied to them the criterion, a necessary one, of microscopical examination of the peripheral portion of the divided nerve some weeks after the operation.

REGENERATION OF NERVES.

The other two methods of nerve repair are the only alternatives at present of practical interest to us. It is now universally admitted that if a nerve, containing either motor or sensory fibres, be divided, even if it be immediately sutured again, then the peripheral portion of the divided nerve rapidly degenerates simultaneously down to the periphery, the now well-known phenomena of Wallerian degeneration. In favourable cases, when the nerve ends have been properly sutured, repair takes place, after a variable interval, usually some months, in the peripheral portion, and it is in dispute as to whether this repair takes place by the downgrowth of new axis cylinders from the central end, the fibrils, so to speak, boring their way through the old empty nerve tubes, or whether repair takes place by the regeneration of the essential elements of the nerve, axis cylinder, myelin sheath, and neurilemma or sheath of Schwann, in the peripheral portion of the nerve itself, function being restored to the nerve when the regenerated peripheral portion becomes properly fastened on to the central end of the nerve. Much has been written on this subject, and numberless experiments performed, with the result that the old school which taught that repair took place by the downgrowth of fibres from the central end is being rapidly ousted by the more recent workers who have asserted the rival theory of peripheral regeneration. In this, on the whole, newer teaching, I must now confess my faith. Of numerous workers at the subject, I may mention Howell and Huber in 1893, Kennedy in 1898, and Ballance and Stewart last year. I think if I briefly run over the main points of the process of degeneration and recovery of the peripheral portion of the nerve, with the aid of a few illustrations, our time will not be wasted. In the dog, section of the ulnar, with immediate suture, is followed four days later by commencing degeneration in the peripheral portion of the nerve, shown by fragmentation of the myelin at the segmental lines of Lantermann, and breaking of the axis cylinder, simultaneously throughout the whole length of the nerve fibre. These cylindrical segments then break up into balls of myelin containing remnants of the axis cylinder, first in the neighbourhood of the nuclei of the sheath, due probably to absorption under the influence of the nucleus and its protoplasm.

By the 7th day, active proliferation of these nuclei takes place, and they migrate along the internodes, absorbing the myelin and axis cylinder fragments. The old neurilemma tube now contains a uniform protoplasmic mass, containing numerous nuclei. This is the condition of the foetal nerve at an early stage of its development, and it may therefore be called the embryonic fibre. The protoplasmic contents of this embryonic fibre are produced by the proliferation of the nuclei and of their protoplasm, and are not made up of the degenerated remains of the old myelin and axis cylinders, which have been absorbed. A new neurilemma sheath is now formed by a differentiation of the peripheral layer of this protoplasmic thread, the old sheath being displaced outward, and eventually it is probably absorbed. Though there is no myelin sheath nor axis cylinder in this embryonic fibre, yet, after the lapse of three weeks, it is capable of conducting nervous impulses, both sensory and motor, for reflex movements of muscles supplied by such nerves have been produced by peripheral stimulation of the nerve, though direct electrical excitation of such motor nerves is followed by no contraction. Conductivity of the fibre therefore returns before irritability, a well-known fact to surgeons, since it is the rule for voluntary power in a paralysed muscle to return before its faradic reactions can be obtained. Moreover, the kind of stimulus applied to such fibres makes a difference, for mechanical tapping of such embryonic fibres may produce violent reflex movements, when even strong faradic stimulation of the nerve produces no effect. Physiologically then, these embryonic nerve fibres function as nerve fibres to a certain extent, and there seems no doubt that repair to this stage may take place in the peripheral nerve segment, without suture of the divided ends, though it takes place more slowly than if primary suture has been performed. The next stage is the deposit of myelin and the formation of the new axis cylinder. According to some observers this never takes place without suture of the divided nerve; according to others, even this stage may be found in the peripheral segment without suture. The myelin appears as irregular deposits in the protoplasm of the embryonic fibres in the immediate neighbourhood of the nuclei, possibly from transformation of the protoplasm. These

* Being a Paper read before the St. Mary's Hospital Medical Society, November, 1903.

drops run together to form a beaded tube, the segments corresponding to the segments of Lantermann in the fully developed fibre. Many of the nuclei then disappear. The axis cylinder seems to be found in the new nerve sheath about the same time as the reappearance of the myelin. Meanwhile the same process has gone on in the end portion of the central end of the nerve, as far up as the first node of Ranvier, and restoration of function depends on the junction of the new fibres in the central end with those in the peripheral portion. It seems probable that in the peripheral portion of the nerve the myelin and axis cylinder begin to form at the proximal end, and proceeds centrifugally, with corresponding return of irritability of the nerve fibre as far towards the periphery as the myelin formation has progressed. The importance of the neurilemma in the peripheral regeneration of the nerve fibre is thus apparent, and it is probably owing to the absence of this sheath in the fibres of the brain and spinal cord that recovery from cutting of these fibres in the central nervous system is not known to occur. Briefly then, the results of division and immediate suture of a mixed motor and sensory nerve, that is to say, primary suture, are as follows : (1.) In dogs, the average time for complete loss of irritability in both motor and sensory fibres, is four days, this corresponding to the breaking into fragments of the myelin sheath and axis cylinder.

(2.) The first indication of the return of irritability in the nerve is seen after 21 days, and it always appears first in the neighbourhood of the wound, and spreads centrifugally slowly, the degree of irritability at any one point gradually increasing. This increase of irritability seems to keep pace with the increase in the number of the completely formed fibres, containing myelin and axis cylinders, found histologically, rather than with a progressive regeneration in the single fibres. Though the irritability is first found close to the wound, yet the first fibres to show it may be the most peripheral in distribution ; thus, after primary suture of the ulnar, the first motor fibres to recover may be those supplying the interossei.

(3.) Sensory fibres show return of function before the motor fibres, and mechanical stimuli to the nerve, such as tapping, will provoke reflex movements before electrical stimulation of the sensory nerves. Thus, in a sutured nerve, when regeneration has advanced only to the stage of the embryonic fibres, mechanical tapping or crushing the nerve provokes reflex movements, even in muscles supplied by the damaged nerve below the point of union, and whose motor fibres as yet contain no axis cylinder or myelin sheath. Thus conductivity appears before irritability, for no form of stimulation of the muscle nerves directly in this stage of recovery will provoke contraction. Embryonic fibres, therefore, function as nerve fibres, though they contain no axis cylinders or myelin sheaths. It is also apparent that the myelin sheath is not necessary for the conduction of impulses, as Erb stated, on the mistaken analogy of insulation for a wire carrying an electrical current.

(4.) The formation of the new myelin and axis cylinder begins at the wound, and proceeds centrifugally, but it has been proved that the myelin at least is formed locally in the peripheral portion of the nerve. It forms in discontinuous beads which unite to form a varicose tube, and as the myelin forms, so the numerous nuclei of the embryonic fibre disappear. It is formed either by a myelin regeneration of these nuclei, or, more probably, by a chemical change in the protoplasm of the fibre, apparently under trophic influence from nervous impulses received from the central end. It is to these disconnected primitive deposits of myelin that the origin of the segments of Lantermann may doubtless be traced.

(5.) Regeneration is more rapid the more perfectly and closely the two ends are united, and also the sooner after division.

Howell and Huber found that if no suture of the divided nerve be made, regeneration proceeds more slowly, and never gets beyond the stage of embryonic nerve fibres, but some more recent experimenters have asserted that even myelin sheaths and new axis cylinders have been found in the peripheral end in cases in which union of the two cut ends was not allowed to take place. At all events it seems highly probable that the new axis cylinder, like the myelin sheath, is formed locally in the peripheral end out of the protoplasmic contents of the so-called embryonic fibre, and that when suture of the divided nerve has been performed, this peripheral axis cylinder unites through the line of cicatricial tissue with the similarly formed axis cylinder in the central end of the nerve, which, it must be remembered, always degenerates after the injury up to the next node of Ranvier. It seems most unlikely that the new axis cylinder bores its way peripherally to the muscles as an outgrowth from the central end of the cut nerve.

OPERATION CASES.

Cases of primary or secondary suture of the median, ulnar, or musculo-spiral are now common enough, and in the successful cases the commencement of recovery varies usually between six weeks and six months after the operation, sensation being first regained. The return of sensation is heralded by tingling and pins and needles sensation, with a feeling of soreness over the anæsthetic area. A good instance of suture of a divided posterior interosseous nerve was recorded by Mr. Lane in this journal for February, 1897, in his article on Nerve Suture. In this case the nerve had been cleanly divided by a stab close to the elbow, and was sutured a week later. Recovery of power was first noticed more than three months later, which rapidly improved until eight months after the injury normal strength of the extensors of the wrist and fingers was re-established. In other cases in which secondary suture has been delayed for several months, or even years, recovery takes longer to develop, and no signs of recovery may be seen for more than a year, or even two years. Although recovery of motor power is never seen until the lapse of several weeks after suture, yet numerous cases are on record in which sensation has been rapidly restored after operation to an area previously anæsthetic. Such cases are nearly always cases of secondary suture several weeks or even months after the injury. Such a case was that of a man operated on by Mr. Pepper some three years ago, who had divided his median and ulnar nerves of

the left hand by pushing the hand through a window. Although an attempt was made at the time by a surgeon to bring the ends together, recovery was most imperfect, and the area supplied by the ulnar nerve was almost completely anæsthetic, with reaction of degeneration in the interossei and hypothenar muscles. On cutting down, about five months after the injury, both nerves were found enveloped in scar tissue, the ulnar worst. An inch and a half of the ulnar nerve was then cut out, and a nerve graft of a similar length of the sciatic nerve of a freshly-killed cat inserted between the cut ends and sutured in place. A short piece of the median was also excised, but the ends were brought together by flexing the wrist. Twenty-four hours after the operation sensation was much improved on the little and ring fingers, and inner side of the hand, though there was deep anæsthesia over the median area, and in less than a week sensation over the ulnar area was practically normal. The median eventually recovered also, and his hand was of much more use to him in his work, owing to the recovery of normal sensation, though there was no recovery of the interossei eighteen months afterwards. Similar grafts of animal's nerve have been used on other occasions, such as a rabbit's sciatic or spinal cord, or a sheep's sciatic, with varying results. It seems to be important to place the graft in the wound in the natural direction for its nerve fibres, as if its direction be reversed no good results are said to follow. If this be true, the operation of turning down a flap of nerve to bridge over an interval between the cut ends should never be done.

Another interesting case of nerve injury which Mr. Low has recently operated on, is the case of a man who injured his median nerve through cutting his forearm by pushing it through a glass window six weeks ago. Immediately after the injury he noticed slight numbness and weakness, but he was able to use his hand practically as well as before for three weeks, when he began to feel pain in the thumb and outer portion of the hand and fingers, which gradually became anæsthetic and useless. When I saw him, the power of flexion of the wrist and fingers was very weak, the pronator radii teres and the palmaris longus being the only muscles supplied by the median which contracted properly, while the flexor carpi ulnaris and the interossei supplied by the ulnar were normal. There was well-marked anæsthesia over the median distribution, taking the flexor aspect of the thumb, index, middle and half the ring fingers, and extending on the back of the terminal phalanges of the index and middle fingers as far as the interphalangeal joint, a little below the joint for the index finger, and a little above it for the middle finger. Indeed the map of the anæsthesia was a perfect anatomical chart of the cutaneous distribution of the median nerve on the hand, a fact which disposes absolutely of the suggestion that was made by some who saw the case, that it was functional. In addition there was some commencing trophic wasting of the skin and nail on the index finger. The electrical reactions showed normal faradic reactions in the pronator radii teres and palmaris longus, but well-marked early reaction of degeneration in the flexor carpi radialis, flexor sublimis, and muscles of the thenar eminence, that is to say, considerable diminution to the faradic current, as compared with the muscles of the left forearm, with slightly sluggish contraction. To galvanism the muscles reacted well, but the contraction was a trifle sluggish. Mr. Low operated, cutting along the line of the median nerve from the bend of the elbow downwards for three inches, including in this incision the two scars resulting from the injury. After dissecting out the median nerve, there was no cut found in any of the fibres, which had been considered probable, but in two places, directly underneath the two scars, the nerve was surrounded by a ring of fibrous scar tissue. This was divided, freeing the nerve, and the wound closed. Next day his anæsthesia was much improved, except on the index finger, and his power of flexion of the three inner fingers much stronger.

It has been proved possible in animals to perform cross union of different nerve trunks, with perfect recovery of power and co-ordination. Thus long ago Flourens sutured the upper cord of the plexus in a fowl to the peripheral end of the lower cord, and *vice versa*, with perfect recovery of the power of the wing muscles. Howell and Huber have similarly sutured the median to the ulnar in dogs with perfect recovery. Very few instances of grafting one nerve on to another in man have been recorded. All these, previous to the cases I reported with Mr. Low* last year, were done upon the facial nerve in cases of inveterate facial paralysis, by cutting across the facial nerve and inserting the distal cut end into either the spinal accessory or the hypoglossal, forming a T-shaped junction with it. Such instances, with varying degrees of recovery, have been recorded by Kennedy, Bernhardt and Körte, and Ballance. On these grounds it occurred to me in May of last year that a cure might possibly be effected in cases of Erb's palsy, a lesion of the fifth cervical nerve with paralysis of the deltoid, spinati, biceps, brachialis anticus, and supinators, by dividing the paralysed fifth nerve in the neck and suturing its distal end into a nick in the neighbouring healthy sixth nerve. I happened to have attending the electrical department two such cases, one in a woman whose paralysis had come on sixteen months previously from sudden hæmorrhagic neuritis, and the other a man, whose arm had been useless ever since a fall out of a cart three years before. In each case there was complete paralysis and wasting of the above muscles, with in addition the two radial extensors of the wrist and the pronator radii teres. Mr. Low operated on both the cases, exposing the three upper nerves of the brachial plexus, and we were able to prove conclusively by faradic stimulation of the nerves that the fifth nerve was the only one damaged, and that the type of paralysis known as Erb's palsy is due to a lesion of the fifth cervical nerve alone and not of the combined fifth and sixth trunk, as is stated in all the text-books. In each case the fifth nerve was cut across, and the distal end sutured into one of the lower nerves, into the seventh in the case of the woman, and into the sixth in the case of the man. In neither case has there

* *B.M.J.*, 1903, Oct. 24th.

been yet any improvement after the lapse of twelve months, though the length of time the paralysis had existed before the operations, sixteen months and three years respectively, are sufficient alone to account for the non-appearance yet of improvement, which may possibly yet appear.

I applied the same reasoning to cases of Infantile paralysis of the upper extremity, as it has been proved that the spinal roots correspond in their distribution to the spinal segments. A good case for a similar operation presented itself to me of a young child, a little girl *aet.* two years, who had developed infantile paralysis of the right deltoid and spinati three months before. There was complete paralysis of these muscles, though the power of the biceps was almost normal, and the child could make no attempt to abduct the right arm or raise it. Under an anæsthetic there was found complete reaction of degeneration in the deltoid and spinati, no reaction to even strong faradism being obtained. She was treated with galvanism for nearly a month with no improvement, and it was then decided to operate. By careful dissection of the nerves entering the brachial plexus I have been able to show hat the fifth cervical nerve may be divided into two halves, the posterior half containing the motor fibres of the circumflex and other muscles supplied by the posterior cord, while the anterior half is easily split into two equal portions, the upper or suprascapular nerve, containing the fibres for the spinati, and the lower or branch to the outer cord, containing the motor fibres for the biceps and brachialis anticus. It would be thus possible to so split the fifth cervical nerve longitudinally with a fine knife as to include in the upper portion all the fibres for the circumflex and posterior cord, together with the bundle for the suprascapular, leaving in the lower portion the bundle for the outer cord, containing the motor fibres for the biceps. This Mr. Low did, allowing for the wasting of the paralysed portion of the nerve, by splitting the nerve with a Graefe's knife into halves. Each half was then insulated and tested separately by faradic stimulation, which proved that the biceps fibres ran only in the lower portion of the nerve, while the fibres for the circumflex were contained in the upper portion.

Having thus proved that it was possible to separate the nerve fibres for the uninjured biceps from those for the paralysed deltoid, it was safe to cut across the upper half of the split nerve above, and turn it down as a flap across the lower half of the nerve which was left untouched, and then to suture the peripheral cut end into a nick cut in the sixth nerve which runs close below. This was accordingly done by Mr. Low, using three fine silkworm gut sutures to hold the flap firmly into the nick in the sixth nerve.

The object of producing this nerve anastomosis is that, by uniting the degenerated portion of the fifth nerve containing the motor fibres for the deltoid and the spinati, with the healthy sixth nerve, new nerve fibres should grow as T-shaped branches out of the healthy motor bundles which are contained in the sixth nerve for muscles such as the pectoral, latissimus, serratus, and triceps, etc., which are supplied from the sixth root, and that these T-shaped branches should thus unite with the degenerated motor fibres in the flap of the fifth nerve, and allow of their completely regenerating by uniting them with a new trophic source of supply in the nerve cells contained in the anterior horn grey matter of the sixth cervical segment. Theoretically this seems to me just as likely to succeed as the operation of cross suture of the median with the ulnar, and vice versa, which has been shown to be perfectly successful in animals, since the motor fibres contained in the median for the pronator radii teres are derived through the outer head from a higher root supply, namely, the sixth cervical nerve, than any portion of the ulnar nerve, which in dogs is derived from the eighth cervical and first dorsal.

I quote the following passages from the report we published last October:—"Recovery from the operation was uneventful, the wound healing by first intention, and no further weakness in the biceps has been noticed, the child being able to flex the forearm as before. About two months after the operation the child began to complain of soreness on the outside of the arm, though nothing was to be seen on examination. This might be due to commencing return of conduction in the sensory fibres divided, and is, we think, of good prognosis, though no recovery in the motor power of the paralysed muscles can be expected until next January, six months after the operation." Our forecast has turned out to be an accurate one, as in January last the mother first noticed signs of commencing return of power, eleven months after the onset of the infantile paralysis, and six months after the operation. Galvanism twice a week has been persisted in since the child left the ward, and since the commencement of improvement in the power of the shoulder in Jannary last, there has been steady gain of power, so that now the child will readily at any time hold her arm straight up over her head when asked to do so.

This case is quite unique, no case of infantile paralysis having ever previously been operated on for nerve suture, and it proves that, with carefully selected cases of the disease, in which the paralysis is limited to one group of muscles, nerve suture may be successfully practised, and the outlook is less hopeless. The deltoid is the most important muscle of the upper extremity, as without it the arm is very nearly useless, and no tendon grafting is possible to replace it when paralysed.

In cases of paralysis of the muscles of the lower extremity, no operation is feasible upon the lumbar plexus, but in a case of infantile paralysis of the dorsiflexors of the ankle and toes, Mr. Low has divided the external popliteal nerve for me and sutured it into a nick in the internal popliteal, in the hope that new nerve fibres may grow down into the external popliteal to innervate the paralysed muscles, similarly to the new path from the sixth nerve by the flap turned down from the fifth in the case just described of recovery of the deltoid.

For full report, see *B.M.J.*, Oct. 24th, 1903, and *Journ. of Anat. and Phys.*, July, 1904.

Notes.

The prize distribution held on the 29th of last month was a great success. Nearly all the members of the Staff were present and the Library was well filled to hear the Lord Chief Justice, who was given a very cordial reception. Before the more formal proceedings commenced Dr. Alcock gave a most interesting short demonstration on the Artificial Eye, which was listened to with great interest by an audience which included many ladies. Lord Alverstone's address was admirably suited to the occasion, and his interest was evidently sincere. The proceedings generally passed off without a hitch.

The most interesting announcement the Dean had to make in the course of his speech came as a surprise to most of his hearers. It was that Mr. Clayton-Greene had been appointed Supernumerary Surgeon to Out-Patients, in recognition of his valuable services to the Hospital while holding the post of Surgical Registrar. Only those who have been intimately connected with the working of the Hospital during his period of office know how very valuable has been that service. It has been valuable not only to Surgeons and Patients but also to Students, and we congratulate the younger generations that they will have the benefit of a teacher whose capacities in that line are already distinguished beyond the limits of his own Hospital. The popularity of the announcement was testified to by the universal applause which greeted it.

The opening address for the Winter Session will be given on the afternoon of October 3rd, by Dr. A. E. Wright. In the evening the Annual Hospital Dinner will take place, Mr. A. Q. Silcock taking the chair.

There have been one or two announcements in the medical papers of the past month of interest to St. Mary's men. We were glad to see that the life of the late Sir Edward Sieveking is to be written by his son, Mr. A. R. Sieveking.

Dr. Arthur P. Luff has been forced by the claims of his private work to resign his connection with the Home Office. We are very glad to be able to announce that his successor in the onerous office which he held is a St. Mary's man, none other than Dr. Willcox. We heartily congratulate our Medical Registrar on this important appointment.

Though Dr. Luff has resigned, the Secretary for Home Affairs is determined not to lose his services completely. We congratulate Dr. Luff on the compliment that has been paid him in making him Honorary Scientific Expert to the Home Office.

Dr. Willcox's title is Analyst to the Home Office.

Week after week *The Lancet* publishes a list of times for which operations are fixed for each day at the various hospitals. In it we perceive that the operations to be done at St. Mary's on Saturdays are advertised for 10 p.m. We are well aware that such things do happen—to the pleasure and content of all good dressers, but that they should be chronicled as the unalterable rule of the Hospital seems to give a perverted view of the way in which we spend our week-ends. Indeed, does it not impute to us some spirit of boastfulness, as who should say, "We are they that work—but what of ye?"

At the same time we must humbly thank our contemporary for affording us the opportunity of reperusing a spritely article upon "A Case of Liver Abscess," which has been rescued from the obscurity of these columns where it was recently printed.

We have received recently for review two books by distinguished members of St. Mary's. One is a short monograph on "Cleft Palate," by Mr. Edmund Owen, the other is on "Acute Visceral Inflammations," by Dr. Lees. The title of the latter is due to the fact that the book includes the Harveian Lectures delivered last year, but there are in addition several other occasional lectures and papers on varied clinical and therapeutic subjects, and the whole forms a

book full of thoughtful suggestions in diagnosis and treatment.

We are glad to be able to publish in this number a very interesting paper by Dr. Harris on "Nerve Suture" in the treatment of Infantile and other Paralyses. The results are naturally slow in appearing in such cases, but to those of us who have been privileged to see some of the cases which Mr. Low operated on at Dr. Harris's suggestion, they certainly seem striking. The amount of use that has been regained is quite remarkable.

Practically arising out of this work is the investigation into the composition of the Brachial Plexus, on which Dr. Harris is engaged. A recent number of the *Journal of Anatomy and Physiology* contains a long article by him on the subject.

The doings of the South African Memorial Committee have been veiled in obscurity for some time past, but behind the veil work has been going on. Some delay arose from Sir William Emerson's absence from the country, as he had to be consulted before the form of the memorial could be finally decided on. Mr. John Tweed, the well-known young sculptor of the Rhodes memorial "To Brave Men," which was last month unveiled on the Matoppos, who has also been chosen to complete the famous Wellington Memorial in St. Paul's Cathedral, has been commissioned to execute a bronze tablet in low relief, to be placed in the Main Hall of the New Wing, which will be the principal entrance of the completed Hospital.

Of the Hospital Sports Meeting our report will be found elsewhere, and it must suffice to say here that the success of it was as in past years. Perhaps there were not quite so many onlookers as were present last summer, but that can be explained by the somewhat showery afternoon. As Mrs. William Hill was unfortunately indisposed, Mrs. Harben kindly consented to take her place, and at the conclusion of the racing distributed the prizes. The thanks of the Athletic Club are due to several members of the Staff who were kind enough to give prizes for various events.

We had an old-fashioned idea that the Hospital held a sports meeting with the view of finding men fit to compete in the Inter-Hospital Sports. This year was apparently an exception. Only one man from St. Mary's had the keenness to enter at Stamford Bridge. Although we have several good athletes among our number, one only, Mr. E. D. Anderson, competed on behalf of the Hospital. This seems to us to be slackness of a most lamentable kind. We suppose the idea is that if we cannot get the Shield we won't try for anything: truly a sportsmanlike view to take!

We hope that next year the officers of the Athletic Club will see to it that good men are encouraged to compete in the Inter-Hospital Sports. Is it no longer an honour to represent St. Mary's?

Not only did St. Mary's neglect the Inter-Hospital Sports by sending in only one competitor, but we understand that with the exception of two members of the Staff, one or two ladies, and **One Student**, there was no representation among the spectators. These facts certainly point to something wrong in the constitution of the Club. The Hospital Sports are, undoubtedly, the occasion of a very pleasant social gathering, but their function is to provide a means of enabling the Committee of the Club to choose candidates to represent the Club at the Inter-Hospital Sports, and unless they manage to fulfil this function more adequately in future years they will lose much of that support which at present is so willingly given.

One member of the Staff was overheard to remark that rather than see his Hospital unrepresented he would have competed himself. We feel sure he would have done well in "the Weight."

Woe has overtaken our cricket eleven. As was the case last year Guy's has proved too strong for us. We think we may use the term "too strong," as the result would seem at

all events to suggest that Guy's had a better team than had we. There may be another explanation, but we have not heard it; in fact, no one seems to care to talk of the match.

Although badly beaten our men are to be congratulated on having played very keenly throughout the season, and after all success is not everything. Our eleven strove hard, and certainly if keenness and hard work go for anything, they deserve to get further than the semi-final in the Inter-Hospital competition. We wish the Club better luck next year.

We are sorry to hear that D. S. Stevenson, who played for us in the first two or three matches, and who looked like making one of our best bats this season, has been unfortunately taken ill with pneumonia, and will be unable to play for us again this season.

The Past and Present Cricket Match at Henley was, as usual, a most pleasant day for all who had the good luck to be there. The "Present" were unfortunate in running up against a very powerful "Past" team, and did not altogether do themselves justice in the field. But at lunch and dinner they showed a very level front to the Past, and in that part of the game honours were easy. The heartiest thanks of both teams are due to Mr. and Mrs. Morton Smale for their abundant hospitality.

The Golf Match against St. George's, played on the 29th of June, ended in a draw. By the courtesy of the West Middlesex Golf Club it took place on their links at Southall. Owing to the Prize Distribution at St. Mary's being on the same afternoon, the teams were restricted to eight a side, and the match was halved.

The Tennis Club does not seem to have been at all well supported. In spite of an extremely keen Secretary the matches with the London, Middlesex, and Charing Cross Hospitals had to be scratched, owing to the impossibility of raising a team for them.

We print a letter from a correspondent in this number on the subject of the M.D.Brux. We do so willingly, since it may be of service to some of our readers to whom the possession of an M.D. may be of pecuniary advantage. There is no reason why, under certain circumstances, men should not take that degree, but we are afraid that our correspondent's arguments as to the value of the degree as a degree do not affect our opinion of it in the least. The examination may not be such a farce as it one time was, but—— the Belgian Authorities do not allow the holders of the degree as gained by our correspondent to practise in Belgium. A degree is and ought to be a sign of a man who has been trained at the University granting the degree, and should be a badge of his training, and not simply the certificate of an examination as is the M.D.Brux.

This is the last number of the GAZETTE to appear until October. In order to deal with events up to the close of the Session its publication has been delayed somewhat.

And so at the end of the academic year we remove the ink-stains from our fingers never so merrily. Mr. McEditor goes to smite the golf ball in relation to the bunkers, while the humbler members of the "Editorial Staff" make holiday as they best may.

"A little work, a little play,
To keep us going—and so, good day!"

New Appointments.

SUPERNUMERARY SURGEON TO OUT-PATIENTS.

WILLIAM HENRY CLAYTON-GREENE, B.C., F.R.C.S.

Mr. Clayton-Greene, who has been appointed to the Staff of the Hospital as a Supernumerary Surgeon to Out-Patients, has been for the last two years Surgical Registrar. He joined St. Mary's as a student in the year 1898, gaining one of the University Entrance Scholarships. Previous to that time he had worked at Pathology in Cambridge, under Prof. Kanthack for two years, and had passed the Primary Examination for the Fellowship of the College of Surgeons. In the examinations for M.B. and B.C. of Cambridge, he was placed 1st in Anatomy and Physiology, 1st in Surgery and Midwifery, and 2nd in Medicine. In 1901 he was House Surgeon to Mr. Page, and in November of that year he became a Fellow of the Royal College of Surgeons. He has been a most successful Demonstrator of Anatomy and also of Pathology, and his powers as a teacher of Surgery are known to many men who have had the good fortune to be coached by him. We congratulate both the Hospital and Mr. Clayton-Greene on this appointment.

St. Mary's Hospital Medical School.

PRESENTATION OF AWARDS.

The Right Hon. Lord Alverstone, the Lord Chief Justice, distributed the prizes before a large company, at the Annual Presentation of Awards, held on June 29, in the Library of the Medical School. Dr. Cheadle, who was in the chair, in opening the proceedings, alluded to the distinguished list of those who in past years had presented the prizes at St Mary's, but he thought that none was more distinguished nor more honoured than Lord Alverstone. He was sure that he was echoing the feeling of all present in extending a most hearty welcome to Lord Alverstone. He then called upon the Dean to read his report for the past year.

The Dean (Dr. Caley) in his report for the year referred to the completion of the main building of the Clarence Wing and the reconstitution of several departments of the Medical School.

The New Wing in conjunction with the alterations in the older portion of the Hospital, besides adding 60 or 70 beds, would much increase its scope and efficiency as a whole, notably so in the case of the Gynæcological and Obstetric Department, Surgical Operating Theatres, the Department for X Ray and other forms of Light Treatment, additional Clinical Laboratories for bacteriological and chemical investigation in relation to diagnosis, entirely new accommodation for the Nursing Staff, improved quarters for the Residential Medical Officers, and the much-needed enlargement of the Casualty Department.

The record of the Medical School proper during the year had been satisfactory both as to the increased entry of new students and as to the examination results—24 gentlemen having taken Medical Degrees at the Universities of Oxford, Cambridge, London, and Durham; 42 the Diplomas of M.R.C.S. and L.R.C.P.; and 18 Commissions in the Naval and Military Medical Services.

The work of the Physiological Department under the direction of Dr. Alcock, who had been elected to succeed Dr. Waller, had been extended, as also the bacteriological and chemical sections of the Pathological Department. A new Department of Physics had been instituted under the direction of Dr. Lehfeldt.

The cause of medical education as represented in the Medical School had received further munificent support from the Chairman of the Hospital Board (Mr. H. A. Harben), who had made a donation of £2,000, and had also been instrumental in obtaining a sum of £5,000 for the Medical School Endowment Fund, an example which they hoped to see followed by others interested in the advancement of medical education and research.

Lord Alverstone, who on rising was greeted with hearty applause, then proceeded to present the exhibitions, prizes, and certificates. When this was finished Lord Alverstone said that he was very grateful to Dr. Cheadle and to all present for their very cordial reception, and that he was complimented by being asked to come among them. He thought that all men felt—and rightly felt—that their own profession was the noblest. He came, therefore, as one standing outside the medical profession, as one sharing the public view of it, which was one of increasing pride, both in the advances of medical knowledge and in the present-day determination on the part of medical students to be worthy of their profession and to conduct themselves as gentlemen. In no profession were gentlemanly feeling, high bearing, and the principles of honour more essential than in that of medicine, and there was no work that could better bring out the good qualities of a man. He would venture to urge on the students the importance of acquiring the power to concentrate their thoughts, feeling sure that this, after honourable feelings and good conduct, was of all things the greatest necessity to the medical man. Superficiality was the enemy of all thorough work. Let them learn, therefore, to be able to concentrate on any subject that was before them.

Moreover, no other walk of life offered greater opportunities for helping others. He was far from saying that all doctors should turn preachers, but he was sure that many a time it was possible for a doctor to say a word to strengthen another's character, and in doing so he would strengthen his own. Let them, therefore, embrace the opportunities of relieving sorrow and trouble while combating disease and pain.

He had always upheld the importance of athletics in a man's life, and was glad to see that St. Mary's was still striving to keep in the front rank as regards them, but it should be clearly understood what their part in life should be. Professionalism was not to be admired, and athletic pursuits were not to be regarded as the aim and object of life, but should be solely to enable men the better to pursue their work. Their medical calling should never be sunk to a second position, but athletics should be used to make men fitter for their real work.

The number of distinguished men who were connected with St. Mary's, and the fact that twenty-eight posts in other hospitals were filled by St. Mary's men, should be an encouragement to the present students and an incentive to work. The importance of the institution was growing, and the Dean was to be greatly thanked for all he had done for St. Mary's, and the gratitude of all, also, was extended to the Chairman of the Board, Mr. Harben, who had done such great things for an organisation that now fills no small place in the medical world.

Remembering the honoured position of many who had emanated from St. Mary's, he would exhort the present students to be their worthy followers; they belonged to a great profession, and he trusted and believed that they would not be unworthy of it.

Mr. Harben, the Chairman of the Hospital Board, in proposing a vote of thanks to Lord Alverstone, thanked him for coming to distribute the prizes at St. Mary's, which was a compliment to the School and a proof of its importance. He could say that the lessons Lord Alverstone had just been urging upon the students had always been held to by him, and had brought him to his very honourable position, that of Lord Chief Justice.

Mr. Page seconded the vote of thanks and said that the one thing that had been shown by Lord Alverstone

throughout his career was thoroughness. He thanked him on behalf of all those at St. Mary's, who admired him and held him in the highest esteem as a keen sportsman and a great judge upholding the majesty of the law.

Lord Alverstone briefly returned thanks for the cordial welcome extended to him and spoke of the pleasure he had felt in coming to present the prizes at St. Mary's.

A vote of thanks to the Chairman, Dr. Cheadle, was proposed by Mr. J. R. Mellor and seconded by Mr. Juler, who spoke of the love that all at St. Mary's bore to Dr. Cheadle.

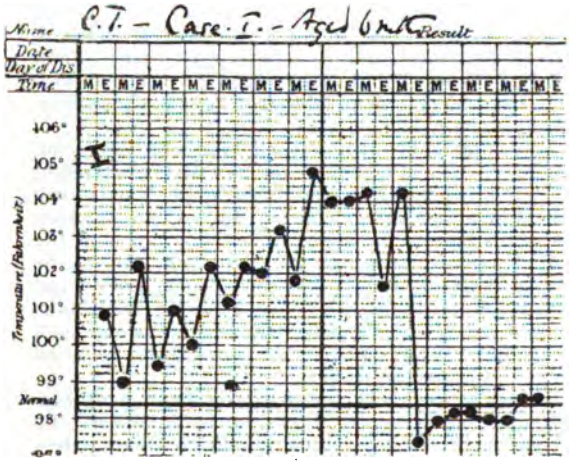
Dr. Cheadle responded in a few words, and proposed a vote of thanks to the Dean, which was carried by acclamation.

The proceedings then terminated.

Note on Infantile Pyrexia.

By E. L. ASH, L.R.C.P., M.R.C.S., Assistant House Surgeon to the East Sussex Hospital.

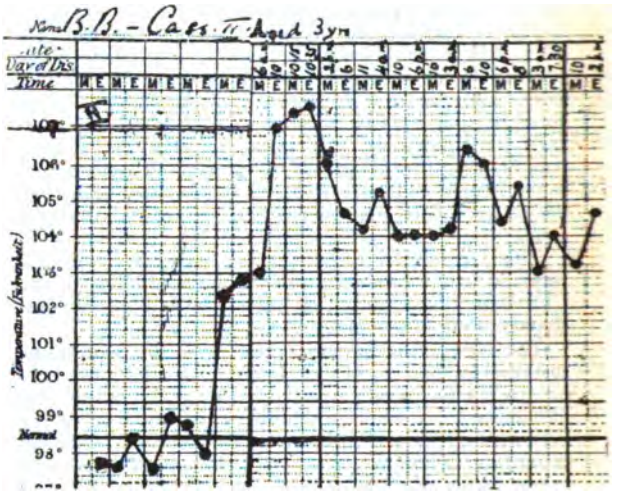
The following cases of Cryptogenetic Pyrexia may be of interest to readers of the GAZETTE. In each case a thorough examination was made and the differential diagnosis discussed at length without any definite conclusion being arrived at as to the *fons et origo mali.*



Case I.—C. T., aged six months. Sent to Hospital for Tubercular Meningitis. Temperature 100°, Pulse uncountable; some vomiting for two or three days; took food excellently and slept well. Temperature rose steadily as in Chart reaching 104·8° on sixth day. Pulse 160, Respirations 48. Examination revealed no signs of local disease.

Temperature, Pulse and Respirations were maintained until the ninth day, when there was an apparent crisis, Temperature falling to 97·4°, Pulse to 100, Respirations to 32. Subsequently rapidly improved.

Phenacetin gr. 2 had been given just before the crisis—the latter, however, being rather *post hoc* than *propter.* In this case from a study of the Chart it seems that the most probable cause of Thermostatic disturbance was a Pneumonic patch—small enough to escape clinical observation.



Case II.—B. B., aged three years. Admitted for Fractured Femur. On third day there was a sudden rise of temperature, which continued until next morning, reaching a maximum of 107·6° at 10.35 a.m. Pulse became uncountable, Respirations 42. Was delirious and unconscious of surroundings. Splints were replaced by sandbags, but there was no indication of suppuration or excessive local irritation. Systematic examination revealed nothing abnormal. Slight retraction of head was noticed, and this, together with an occasional prolonged cry, suggested the possibility of Meningitis being present. Sponging and Antipyretics had no effect. Temperature maintained a very high level (*vide* Chart).

Death occurred on fourth day of Hyperpyrexia.

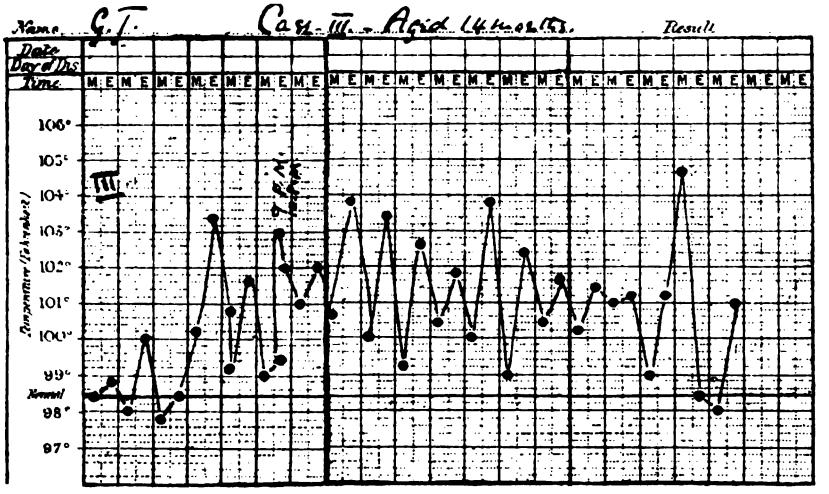
P.M.—No local suppuration; provisional callus being well-formed. Signs of Vertical Meningitis of moderate intensity.

Case III.—G. J., aged 14 months. Admitted for extensive Scald of Face and Chest, very collapsed. Temperature 102°, Pulse 170, Respirations 60. Improved under treatment; wound was kept aseptic and granulated rapidly. Temperature remained rather high—99° to 101°, Pulse 84 to 96, Respirations 24.

Suddenly on 24th day after admission Temperature rose to 103·2°, and subsequently assumed the extreme irregularity shown in Chart. Pulse 110 to 120, Respirations 24-30. No localizing signs of *causa febris.* Was extremely fretful and irritable. Her mother insisted on removing child—and the subsequent history is that she at once improved.

Sponging failed to produce any permanent effect. Accompanying Chart shows Temperature during second stage of illness.

In this brief note it is impossible to discuss the pyrogenic causes at work in these cases, for permission to publish the notes of which I am indebted to Dr. Trollope and Dr. Batterham, of the East Sussex Hospital.



St. Mary's Hospital Cricket Club.

INTER-HOSPITAL CUP.

ST. MARY'S *v.* GUY'S. June 28th.

Having beaten King's we had to meet Guy's in the semi-final. At the last moment A. R. Litteljohn and S. R. Waugh "regretted," so we had to play two reserves. Winning the toss we batted first, and the batting of our fellows was so bad that we were all out before lunch for 50. On resuming, our fielding was no better than our batting, and the number of catches dropped soon demoralized our bowling, with the result that Guy's put together a score of 312. H. Barber, who made 67, was missed when he had made 4, and H. W. Wyatt, who made 80, was missed at 5.

ST. MARY'S.

E. W. Squire, b Piper	0
W. S. Mitchell, c Davies, b Piper	13
H. S. Ollerhead, b Piper	2
W. T. Finlayson, c Davies, b Piper	1
J. J. Louwrens, b Davies	9
E. W. Archer, c Barber, b Davies	12
H. T. Barker, c Wyatt, b Davies	5
A. A. Straton, c Davies, b Wyatt	0
F. C. H. Bennett, b Davies	2
R. D. Neagle, c & b Davies	0
F. W. Hobbs, not out	2
Extras	4
Total	50

GUY'S.

H. Barber, c Finlayson, b Ollerhead	67
H. Archer, lbw, b Mitchell	6
R. Willan, c Archer, b Mitchell	16
G. S. Bookies, c Neagle, b Finlayson	13
H. W. Wyatt, c & b Finlayson	80
A. M. Lollwitt, c Hobbs, b Ollerhead	0
F. Husbands, b Squire	34
H. Simms, c Ollerhead, b Straton	40
S. M. Wells, c Squire, b Straton	12
T. G Davis, b Straton	0
S. A. Piper, not out	1
Extras	11
Total	312

A. A. Straton took 3 wickets for six runs.

PAST *v.* PRESENT.

This match was played at Henley on Saturday, July 2nd, the Past being captured by Dr. Sidney Phillips, and the two teams being entertained by Mr. Morton Smale.

The Past had got together a very strong team, who showed that they were much too good for the Present.

Going in first our batting again collapsed. With the exception of J. J. Louwrens who batted very finely, making 55 (8 fours and 1 six), none of our side reached double figures. Our total was 86. The Past then went in, and although for several of them it was the first game of the season, they knocked our bowling about pretty freely, and scored 201. Our fielding was again terribly weak, at least six easy chances being missed.

Going in for the second time we could only make 58, and so were beaten by an innings and 37 runs.

Unfortunately we turned up one short, and many thanks are due to the Past for supplying an eleventh to field for us.

PRESENT.—1st Innings.		2nd Innings.	
H. S. Ollerhead, lbw, b Poynton...	1	c Cundell, b Worthington	0
W. S. Mitchell, c & b Poynton ...	7	c Worthington, b Poynton .	4
E.W. Squire, c Graham, b Poynton	0	c Norman, b Worthington	24
J. J. Louwrens, not out	55	c Norman, b Worthington	0
H. T. Barker, b Cruise	6	not out	4
G. W. Archer, lbw, b Poynton ...	3	b Worthington	4
F. C. H. Bennett, b Cruise	6	st Hobbs, b Poynton ...	5
A. A. Straton, lbw, b Poynton ...	1	lbw, b Poynton	3
F. W. Hobbs, c Hobbs, b Grahan	0	b Worthington	1
F. H. Staphan, b Poynton	1	c Cruise, b Worthington	0
R. D. Neagle did not turn up.			
Extras.....	6	Extras	13
Total	86		58

	W.	R.		W.	R.
Graham	1	3	Norman	4	24
Poynton	6	34	Worthington ...	6	20
Cheatle	0	20	Poynton	3	5
Cruise	2	23			

PAST.

G. B. Norman, c Mitchell, b Squire	56
R. Hobbs, c Ollerhead, b Straton	61
W. G. Cheatle, c Squire, b Mitchell	32
R. R. Cruise, b Straton	9
Dr. F. J. Poynton, c Mitchell, b Straton	1
E. C. Hobbs, c & b Squire	2
C. I. Graham, b Mitchell.....	6
E. J. Cundell, c Barker, b Squire	5
W. H. Clayton-Greene, b Straton	13
C. R. Worthington, not out	9
Dr. Sidney Phillips, b Ollerhead...	0
Extras.....	7
Total	201

	Wickets.	Runs.
Straton	3	44
Mitchell	2	61
Ollerhead	1	22
Squire	4	67

SECOND XI. INTER-HOSPITAL CUP.
June 27th.

We sent in a scratch team for the above Cup this season, and were drawn against St. Thomas's. Most of our men had only touched a cricket ball once or twice before this season. while our opponents had had a regular fixture list. The result was that we were badly beaten by 311 (for seven) to 79. The fielding was very bad, many catches being dropped. For us H. Willis and R. D. Neagle were top scorers with fourteen each.

ST. MARY'S *v.* SANATORIUM, VIRGINIA WATER.

Played at Virginia Water on June 28th, and resulted in a draw. Mary's won the toss, and, on a good wicket, compiled a useful score of 233. Archer and Finlayson hit with rare vigour, and made the bowling look very poor stuff. Squire played very well on the leg side, and Mitchell batted carefully for 34. Just a word about our bowling and fielding—Squire and Field bowled very well, especially the latter, who varied his pace with excellent judgment, and was unlucky in having an absolute "dolly" missed off him at square leg. This mistake undoubtedly lost us the match. Our regular bowlers were quite out of form. The fielding, with one or two exceptions, was painfully slack and slovenly. Louwrens kept wicket very well indeed, and Straton in the deep field was excellent. Complete score and analysis :—

ST. MARY'S.

E. W. Squire, b Havers	23
P. Field, lbw Meads	9
W. S. Mitchell, c Stinton, b Bishop	34
W. T, Finlayson, c Stinton, b Blaber	44
J. Louwrens, b Blaber	4
E. W. Archer, b Meads	70
H. L. Barker, not out	17
F. C. Bennett, c Keenan, b Bishop.....	4
A. Straton, c Kindersley, b Meads	13
A. Thomas, c Stinton, b Meads	0
B. Bellamy, not out	8
Extras	7
Total	233

VIRGINIA WATER.

Bishop, c Louwrens, b Mitchell	19
Keenan, lbw Mitchell	8
Meads. b Field	14
Havers, b Bennett	52
Thompson, c Louwrens, b Field....	4
Aries, b Squire	50
Blaber, b Squire.....	1
Kindersley, b Squire	0
Stinton, not out	39
Smith, not out...	2
Harper did not bat.	
Extras	12
Total (for 8 wickets)	192

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Finlayson	12	0	49	0
Mitchell	18	5	48	2
Straton	3	0	17	0
Field	11	2	16	3
Squire.....	11	2	37	3
Bennett	4	0	11	1

St. Mary's Hospital Athletic Club.

ANNUAL SPORTS MEETING.

This Meeting was held on Friday Afternoon, June 17th, at Paddington Recreation Ground, and was favoured with very fine weather, being only marred by one shower in the early part.

The arrangements were most satisfactory and successful, everything going off without the slightest hitch.

Dr. William Hill, the President, undertook the duties of Starter, and the weapon was kinder than usual, not so many misfires being noticeable. Dr,

Sidney Phillips was Referee, seconded by Dr. Caley, Mr. Silcock, Mr. Lane, Dr. Luff, Dr. Alcock, Mr. Paton, and Mr. Cecil Graham, who officiated as Judges.

We also noticed amongst those present the Chairman of the Hospital Board, Mr. Harben with Mrs. Harben, Mr. Owen, Dr. and Mrs. Scanes Spicer, Dr. Willcox, Mr. R. C. Leaning, Mr. Matthews, and many others. A large number of ladies were present, including many St. Mary's Sisters and Nurses.

The Band of the London Rifle Brigade, by kind permission of Lieut.-Col. Lord Bingham, played an excellent selection of music during the afternoon.

Tea was provided on the ground by Pocock, which proved very popular, the tables being occupied for most of the afternoon.

The events were as follows :—

1.—100 *Yards Handicap.* Four Heats.

1. A. G. Wells (rec. 7 yds.) Time 11⅜ secs.
2. H. J. Brewer (rec. 7 yds.) „ 11½ secs.
3. E. D. Anderson (rec. 5 yds.) „ 11 secs.
4. R. D. Neagle (scr.) „ 11⅝ secs.

2.—880 *Yards Handicap.* Seven started out of the 14 entries. Anderson led from soon after the start, and running strongly won by 10 yards from Barker, Galpin being a few yards behind, third. Time 2 min. 29⅜ secs.

1. E. D. Anderson (rec. 40 yds.).
2. H. L. Barker (rec. 20 yds.).
3. C. G. Galpin (rec. 20 yds.).

3.—*One Mile Cycling Handicap.* Five started for this race, Phillips-Jones leading for the first two rounds from Lawlor, with Wills and Neagle some distance behind. Lawlor then led, and the race resolved itself into a fight between him and Wills. Lawlor finally winning by 20 yds in 2 mins. 38 secs.

1. G. Lawlor (rec. 40 yds.).
2. F. H. Wills (scr.).

4.—*Final of* 100 *Yards Handicap.* A good race, Brewer winning by a yard, about the same distance between second and third. Time 10⅝ secs.

1. H. J. Brewer (rec. 7 yds.).
2. E. D. Anderson (rec. 5 yds.).
3. A. G. Wells (rec. 7 yds.).

5.—*High Jump Handicap.*

1. J. E. Johnston (rec. 4 ins.) 5 ft. 3 ins.
2. A. G. Wells (rec. 5 ins.).

6.—220 *Yards Handicap.* A good race. Juler leading throughout and running strongly won by 2 yards from Anderson, Baker being beaten by inches for second place. Time 24⅝ secs.

1. F. A. Juler (rec. 14 yds.).
2. E. D. Anderson (rec. 10 yds.).
3. F. C. Baker (rec. 7 yds.).

7.—440 *Yards Handicap.* This race proved to be the most exciting of the afternoon. Louwrens led until nearly the finish, when Anderson caught him, and beat him on the post by a few inches, Johnston being a good third. Time 55 secs.

1. E. D. Anderson (rec. 30 yds.).
2. J. J. Louwrens (rec. 30 yds.).
3. J. E. Johnston (rec. 30 yds.).

8.—*Porters' Race* (100 Yards Handicap).

1. Bailey. 2. Hibberd. 3. English.

9.—*Tug-of-War.*

A. G. Wells' team (A. G. Wells, C. N. Slaney, C. T. Edmunds, S. Field, R. A. Moxon, B. Phillips Jones, G. E. Ferguson, G. Lawlor) *beat*

F. H. Wills' team (F. H. Wills, R. G. Buckby, E. G. Lithgow, S. R. Waugh, H. E. Wall, H. G. Rickman, R. D. Neagle, S. L. Brimblecombe).

J. J. Louwrens' team (J. J. Louwrens. H. G. Willis, C. G. Galpin, H. G. Phippen, R. B. Adams, J. B. Webb, F. W. Hobbs, V. G. Johnson) *beat*

W. R. Taylor's team (W. R. Taylor, O'Brien Taylor, A. S. Webley, E. D. Anderson, P. A. Hendley, E. W. Squire, H. S. Ollerhead, L. Colebrook).

10.—*Putting the Weight Handicap.*

1. A. G. Wells (scr.) 28 ft. 11½ ins.
2. J. B. Webb (rec. 1 ft.) 27 ft. 10 ins.

11.—880 *Yards* (Open to United Hospitals, Oxford and Cambridge). There were nine starters for this race. At the pistol Gibson (London) led off at a tremendous pace followed by Field (London), Tilley (Charing Cross) and Dawson (King's). After the first lap Gibson retired, and Field led followed by Dawson ; then one by one dropped out until only Field and Dawson were left, finishing in this order, Field winning by 15 yds. in the splendid time of 2 mins. 6⅝ secs.

1. W. U. Field (London).
2. G. Dawson (King's College).

12.—*Egg and Spoon Race.*

1. A. S. Webley. 2. D. Bellamy.

13.—*One Mile Handicap.* A good field turned out for this race. Quirk led off at first, but Hollis going at a good pace soon led. A good race was then seen between these two, with Colebrook and Galpin third and fourth respectively. Hollis' long strides began to tell, and he finally won by about 20 yds., Colebrook being a good third. Time 5 min 6⅝ secs.

1. H. S. Hollis (rec. 40 yds.).
2. F. W. Quirk (rec. 100 yds.).
3. L. Colebrook (rec. 20 yds.).

14.—*Two Miles Cycling Handicap.* Only three started for this race, Wills and Neagle at scratch and Lawlor at 160 yds. The race was simply a procession, Lawlor receiving much too long a start and gaining on Wills won by 200 yds. Time 5 min. 27⅜ secs.

1. G. Lawlor (rec. 160 yds.).
2. F. H. Wills (scr.).

15.—*Consolation Race.* (100 Yards.) Only two started, Willis and Field, resulting in an easy win for Willis.

1. H. G. Willis.

16.—*Final Tug-of-War. J. J. Louwrens'* team *beat A. G. Wells'* team. These were very good pulls. In the first pull Louwrens team won; the second pull Wells team won after a short pull. The final pull was a very good one, first one and then the other nearly succeeding; finally Louwrens team succeeding in pulling the others over the line.

At six o'clock Mrs. H. A. Harben, who was presented with a beautiful bouquet of roses, gave away the prizes, which were given by the Staff, the donors being Dr. Alcock, Dr. Caley. Dr. Cheadle, Dr. Gow, Dr. Handfield-Jones, H. A. Harben, Esq., Dr. Hill, Mr. Juler, Mr. Ernest Lane, Dr. Graham Little, Dr. Luff, J. R. Mellor, Esq., Mr. Owen, Mr. Page, Mr. Paton, Mr. Silcock, Mr. Morton Smale, Dr. Stevens, Captain Webbe, and Dr. Willcox. The prize for the highest aggregate was won by E. D. Anderson, who won two firsts and two seconds.

A short speech by the President thanking Mrs. Harben for presenting the prizes, was followed by applause.

Mr. H. A. Harben replied in a few words and brought the meeting to a close.

St. Mary's Hospital Lawn Tennis Club.

The Tournament has now been finished, with the following results :—

Open Singles—Winner, A. R. Litteljohn.

Handicap Singles—1st prize, A. R. Litteljohn, —15·3.
2nd prize, L. H. Goh, —30.

Open Doubles—Winners, T. L. Drapes and A. R. Finn.

ST. MARY'S *v.* ST. THOMAS'S II. June 23rd.

In the Cup Tie Match we had the bad fortune to be beaten in the first round, and by St. Thomas's II.!

We won the Singles by 4 matches to 2, but were hopelessly beaten in the Doubles by 0-6, and lost in the aggregate by 4 matches to 8.

The following are the scores :—

Singles—L. H. Goh beat F. B. Treves, 4-6, 6-2, 6-0.
A. R. Finn beat O. R. Smale, 6-1. 6-4.
J. B. Webb lost to B. O. Bruce, 6-3, 4-6, 0-6.
J. D. Bellamy beat M. A. Cassidy, 7-5, 7-5.
H. H. Baker lost to G. Finch, 2-6, 5-7.
C.T. Edmunds beat H.C. Squire, 6-3, 3-6, 6-3.

Doubles—

Goh & Finn	lost to Treves & Smale, 6-8, 3-6.
" "	lost to Bruce & Cassidy, 8-10, 5-7.
Webb & Bellamy	lost to Bruce & Cassidy, 3-6, 1-6.
" "	lost to Finch & Squire, 4-6, 6-8.
Baker & Edmunds	lost to Finch & Squire, 4-6, 6-4, 1-6.
" "	lost to Treves & Smale, 0-6, 4-6.

ST. MARY'S *v.* PADDINGTON II. July 1st.

This Match was played out in a drizzling rain. We won this match by 5 to 2, when play was abandoned.

The following are the scores :—

N. G. Bradley & A. R. Litteljohn	beat H. P. Law & Purcell, 6-3, 6-3. beat C. Greatorex & A. S. Croome, 6-1, 6-2. beat V. Paul & W. S. Fitton, 6-4, 6-1.
F. H. Fawkes & P. E. Stratford	lost to Greatorex & Croome, 2-6, 4-6. beat Paul & Fitton, 6-3, 6-3.
J. B. Webb & H. H. Baker	beat Paul & Fitton, 6-3, 6-4. lost to Law & Purcell, 6-3, 4-6, 4-6.

The Matches arranged with London Hospital, Middlesex Hospital, and Charing Cross Hospital, had to be scratched, as we could not raise a team.

St. Mary's Hospital Rifle Association.

The shooting handicap for Mr. Silcock's Cup took place at Runemede, on Friday, June 24th. The handicapping produced a close contest, each of the ten competitors finishing within 11 points of the winner. Heath receiving 14 points, had a total of 92, and tied with Freeman for first place, but won on the long range shooting.

Lillingston (given 15 points) came next with a total of 91, followed by Graham (given 6), who made 88. Altogether it was a very successful meeting.

		200 yds.	500.	600	Rec.	Total.
I.	O. Heath ...	30	19	29	14	92
II.	J. Freeman ...	32	30	30	0	92
III.	C. Lillingston ...	26	27	23	15	91
IV.	R. S. Graham ...	33	30	19	6	88
V.	A. Fleming ...	31	22	26	8	87
VI.	J. McIntyre ...	27	27	31	0	85
VII.	A. A. Straton ...	26	22	16	18	82
VIII.	V. King... ...	25	20	15	20	80

The Inter-Hospital Meeting was held at Runemede, on Wednesday, June 28th. The shooting was not good on the whole, and St. Mary's did not distinguish itself in particular. Heath (given 13) finished third with 94 in the handicap "shoot through." Heath and Freeman tied for second place in the 600 yards (open). Heath won on the count. In the shoot through Freeman's 85 was the best of a poor lot of scores from St. Mary's. The Hospital was only represented by three men, of the 14 active members.

BISLEY UNITED HOSPITALS CUP.

The result of this competition, held at Bisley on July 14th, was as follows :—

1.—Guy's ... ... 247 points.
2.—St. Bartholomew's. 246 points.
3.—St. Mary's... ... 243 points.

J. F.

Correspondence.

THE DEGREE OF M.D.BRUX.

To the Editor, ST. MARY'S HOSPITAL GAZETTE.

SIR,

A word of warning may, perhaps, be welcome to any intending candidate for the examination for the above degree against listening to the gratuitous advice of their doubtless well meaning but misinformed friends. One is so often told, "Oh, you tip the Interpreter," or "You just pay the money and take the degree." Now this is as great a libel on the University as it is an unjust reflection on those who have taken this degree: it being a totally incorrect statement. Many people not unnaturally ask, "Why do you go to Brussels for your degree, and not take a British one?" The answer is simple. Many men when qualified wish to obtain a degree, and here is the anomaly in the British system of granting qualifications; although the General Medical Council details the same subjects for the medical student to be examined in no matter whether he goes to one of the Universities or to one of the Royal Colleges, yet if he has qualified at any institution other than one of the Universities and then wants to take a degree, practically no notice is taken of his qualifications; he has to start his student days all over again, having to go up for the various examinations, and wait the usual intervals between them. But few qualified men can spare the time for this, and most do not care to go over the same ground that they have previously traversed.

Now for the degree of M.D.Brux. there are sixteen separate examinations, and twelve separate examiners. The examinations are all oral and include practical work in the form of Operative Surgery, Dissecting, the use of the Microscope, the Mannequin, and Clinical Work. The method of examining is somewhat different from what we are accustomed to here. Many of the Professors examine in English, and those who do not, examine by means of an interpreter. Speaking generally, the examinations are up to a good Standard, and while not severe require a good knowledge on the part of the candidate. One is sometimes told "They never plough anybody there." If any man wishes to satisfy himself on this, let him attend one of the examinations, and he will then see that this statement is as incorrect as the two previously mentioned. In conclusion, any man presenting himself for this examination, without having read for it, will certainly, and one cannot help saying deservedly, fail. Hoping you will be able to find space for this in your valuable paper,

I am, Sir,

ONE WHO HAS RECENTLY TAKEN THE M.D.BRUX.

NOTICE TO CORRESPONDENTS.—*No anonymous communications can be inserted. All communications must therefore be accompanied by the name and address of the sender, not, however, necessarily for publication.*—ED.

Reviews of Books.

THE TREATMENT OF SOME ACUTE VISCERAL INFLAMMATIONS AND OTHER PAPERS. By D. B. LEES, M.A., M.D.Cantab., F.R.C.P., Senior Physician to the Hospital for Sick Children, Great Ormond Street, Physician to St. Mary's Hospital. Pp. viii. and 300. John Murray, London, 1904. Price 6s.

This little volume of lectures and papers by Dr. Lees, contains the Harveian Lectures delivered last year in November. These give the book its title. The other papers here collected together all have a bearing on the subject of these lectures. To all who have attended the Wednesday afternoon demonstrations given by Dr. Lees, it has seemed a matter for regret that many of them should not have been put in permanent form. His teaching on clinical subjects is always so sound and his therapeutic methods though often departing markedly from routine treatment are always so thoroughly well based on scientific grounds and so clearly reasoned out for the benefit of the students, that we welcome them now, when they can appeal to a wider audience. Any critical review of Dr. Lees' book is unnecessary in writing for St. Mary's men. But we feel sure that no one can read it without deriving many valuable hints in treatment and guidance in clinical reasoning which must be of service to them. We heartily recommend it to all medical men.

CLEFT PALATE AND HARE-LIP: THE EARLIER OPERATION ON THE PALATE. By EDMUND OWEN, M.B., F.R.C.S., Surgeon-in-Chief to the French Hospital, Consulting Surgeon to St. Mary's Hospital, and to the Hospital for Sick Children, Great Ormond Street. Medical Monograph Series, No. X. Baillière, Tindall & Cox. London, 1904. Price 2s. 6d. net.

There is one class of book of which we can never have too many examples in Medical Literature. When a Surgeon out of the fulness of his own experience writes on the methods and details of the performance of an operation which it has been his privilege to perform many times, and when that surgeon has the power of expressing himself clearly and simply the result cannot but be of the greatest value of the younger men who are entering on practice and who may at any moment be called on to perform just those operations described. In the little book before us we have such a work. There is no attempt made to describe all the multitudinous methods which from time to time have been devised for remedying these defects in nature's handiwork. A short account of the development of the palate and upper jaw and lip is followed by precise directions for the carrying out of the operation devised by Dr. Brophy for cases in early infancy, then follow the directions for operations in those cases, where the development of the bones is too far advanced to allow of the more perfect operation first mentioned, and lastly come the description of the operation on Hare-Lip. We can only say in concluding our reading of this short book which only takes a short time, that we felt competent to deal with any one of the conditions described.

PATENT FOODS AND PATENT MEDICINES. Two Lectures by ROBERT HUTCHISON, M.D., F.R.C.P., Assistant Physician to the London Hospital and to the Hospital for Sick Children, Great Ormond Street. London: John Bale, Sons, and Danielsson, Ltd. Price 1s. net.

Dr. Hutchison has written an exceedingly valuable pamphlet which contains a great deal that should be known alike by the profession and public. The first Lecture deals with various Patent Foods, and analyses are given of a large number of them, while the important question of their use– if any—in the hands of a medical man is well discussed. In the second Lecture a long list of Proprietary Preparations and their ingredients is given. Their seems no end to the gullibility of the public. Perhaps the worst of all the nostrums herein analysed is "Mrs. Terry's 'Secret' Drink Cure." This, of which 24 packets may be bought for 5s., consists of sugar (98 per cent.) and salt (2 per cent.). A more cruel and heartless fraud it were difficult to discover. Truly we pay dearly for our much-vaunted "liberty."

We have received a notice from Messrs. J. & A. Churchill to the effect that a section on Light has been added in the new edition of the well-known Handbook of Physics and Chemistry by Corbin and Stewart. The subject of Light has recently been included in the curriculum of the Conjoint Board, and we are glad to see that this text-book has been brought up to date. We can confidently recommend it as the most suitable book for those reading for the Conjoint "Second." The price remains unaltered at 6s. 6d.

Appointments.

BRADFIELD, E. W. C., M.B.Lond., L.S.A., has been appointed House Surgeon to the General Hospital, Birmingham.

CLAYTON-GREENE, W. H., M.B., B.C.Camb., F.R.C.S., has been appointed Supernumerary Surgeon-in-charge of Out-Patients to the Hospital.

COX, G. R., L.R.C.P., M.R.C.S., has been appointed House Surgeon to the General Hospital, Birmingham.

GIBBINS, K. M., L.R.C.P., M.R.C.S., has been appointed House Physician to the General Hospital, Birmingham.

HOBBS, Remington, L.R.C.P., M.R.C.S., has been appointed House Physician to Dr. Lees.

OFENHEIM, E. Von, L.R.C.P., M.R.C.S., has been appointed Deputy Medical District Officer and Public Vaccinator to the Bexley Heath District.

POYNTON, F. J., M.D.Lond., F.R.C.P., has been appointed Sub-Dean of University College Hospital, for the year 1904-5.

SASS, Wilfrid, L.R.C.P., M.R.C.S., has been appointed Assistant Anæsthetist to the Cancer Hospital, Brompton, S.W.

VINTER, S. G., L.R.C.P., M.R.C.S., L.S.A., D.P.H., has been appointed Medical Officer of Health to the Torpoint Urban District, Devonport.

Change of Address.

ALCOCK, N. H., M.D.Dubl., 5, Elm Park Road, Church End, Finchley, N.

BOTT, PERCIVAL G. A., M.B.Lond., F.R.C.S.Edin., L.R.C.P., M.R.C.S., 45, Connaught Square, Hyde Park, W.

CHEATLE, W. G., L.R.C.P., M.R.C.S., The Asylum, Hanwell.

DOBLE, H. T., F.R.C.S., 2, Union Street, Oldham.

LEANING, R. C., M.B.Lond., L.R.C.P., M.R.C.S., Apsley House, Horn Lane, Acton.

MAYNARD, G. D., F.R.C.S.Edin., L.R.C.P., M.R.C.S., c/o P.O., Cape Town, S. Africa.

MILSON, E. H., L.R.C.P., M.R.C.S., 9, Grove Road, Willesden Green, N.W.

NUNES, H., L.R.C.P., M.R.C.S., The Mumbles, near Swansea, S. Wales.

OFENHEIM, E. Von, L.R.C.P., M.R.C.S., Richmond Villa, Bexley Heath, Kent.

THOMAS, T. J. B., L.R.C.P., M.R.C.S., Brynmawr Place, Maesteg, Glamorganshire.

THORNE, ATWOOD, M.D.Lond., L.R.C.P., M.R.C.S., 148, Harley Street, W.

Pass Lists.

UNIVERSITY OF CAMBRIDGE.

DEGREE OF B.C.

R. H. ROBINS, B.A., L.R.C.P., M.R.C.S.

UNIVERSITY OF BRUSSELS.

DEGREE OF M.D.

H. H. B. CUNNINGHAM, L.R.C.P., M.R.C.S.

ROYAL COLLEGE OF SURGEONS.

PRIMARY EXAMINATION FOR THE FELLOWSHIP.

A. F. HAYDEN, M.B., L.R.C.P., M.R.C.S.

SOCIETY OF APOTHECARIES.

Diploma.—N. O. ROBERTS.

Announcements.

BIRTHS.

DIXON.—On July 12th, at Lynwood, Haven Green, Ealing, the wife of R. Halstead Dixon, M.B.Lond., L.R.C.P., M.R.C.S., of twin daughters.

HEGGS.– On June 10th, at Toronto House, West Bromwich, the wife of F. R. M. Heggs, L.R.C.P., M.R.C.S., L.S.A., of a son.

MARTIN.—On June 23rd, at Eastbourne, the wife of Anthony A. Martin, M.D., B.S.Lond., D.P.H., L.R.C.P., M.R.C.S., of a son.

STANLEY.--On May 29th, at 1, Honan Road, Shanghai, the wife of Arthur Stanley, M.D., B.S.Lond., D.P.H., Health Officer of Shanghai, of a son.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. X.—No. 8. OCTOBER, 1904. Price 6d.

The Pathologist and the Clinician.

Those of us who were fortunate enough to hear Dr. Wright's introductory address on the occasion of the opening of the Session, could not fail to be impressed by the originality of his subject, and by his clear grasp of the problems of the future.

We do not profess to be in agreement with his somewhat contemptuous views as to the value of medicine and surgery in controlling disease, and we no doubt correctly interpret his somewhat cursory relegation of the Physician to the post of a skilled nurse and compounder of foods as a purposed exaggeration to emphasize his points.

But putting aside this subject of disagreement, we are in complete accord with the greater part of his paper, for we are ready to recognise that the domain of medicine and surgery is becoming gradually invaded by the experimental Pathologist, and that in all cases his invasion has been beneficial to the patient and his physician.

We have only to look back a few years to the work of Woolridge, of Guy's, to whom we owe the present constant use of normal saline, of those pioneers who introduced the antitoxin treatment in diphtheria, and of Dr. Wright himself who brought to our notice the use of calcium chloride in preventing surgical hæmorrhage, to fully realise some of the benefits which have accrued to us from the pathological laboratory.

It was the pathologist in the past who showed us how to prevent the infection of our wounds, and who laid the foundation of the Listerian era; it will be the pathologist in the future who will show us where bacteria still unrecognised remain hidden, and who will help us to raise the resistance of the patient against them, and overcome them.

Dr. Wright struck the note of harmony when he laid before us his scheme for the working of hospital and laboratory hand in hand, for we hold that while clinical experience and pathological technique are each separately of great importance, when associated together their value is more than doubled.

The clinical significance of pathological investigations cannot be realised in the atmosphere of test tubes, nor can the value of a bacterial discovery be estimated apart from the bedside. It is only by the intimate alliance of these hitherto distinct branches of our profession that we can look forward with confidence to any advance in the future.

The chief life work of the great bulk of us must lie in the application of the scientific discoveries of Dr. Wright and his compeers to the healing of the sick. We have to do our work as best we may with the instruments to our hand, grumbling a little in an honest fashion occasionally when things go wrong, about the bluntness of the tools, always improving them when we see the chance, but certainly not discarding them as inefficient because they are imperfect.

The Introductory Address.

By Dr. A. E. WRIGHT, Pathologist to the Hospital and Lecturer on Pathology.

[We very much regret that we are not able to publish Dr. Wright's Address in full. He has kindly furnished us with the following abstract.]

The lecturer began by calling up before his audience the features of the work which present themselves to Mr. H. G. Wells's traveller in the future. He pointed out that the 20th century world of the rich is similar in many respects to that called up to us by Mr. Wells. It offers the spectacle of a civilization complete, or practically so, with respect to the achievement of directive control over the forces of nature, but utterly incomplete with respect to the achievement of directive control over the processes of disease. It was insisted upon that premature death and the precariousness of life, and the paralysis and the resultant waste of effort are almost wholly imputable to disease, and it was pointed out that the tortures and disfigurements and mutilations every day inflicted by disease —but carefully kept out of sight in our modern civilization, exceed everything recorded to have been inflicted upon the human body by the savage or the insane lunatic.

Tracing the history of the human race from its origins it was pointed out that each of the material problems which confronted the primitive savage and afterwards each of the problems of social order which presented themselves in connection with the communal life of man in a higher state of development might be said to have found its solution in our present civilization. By the gradual resolution of all these problems it has come about that the problem of acquiring directive control over disease had come to occupy to-day the position of the outstanding problem of civilization.

It was pointed out that the medical art of to-day is practically impotent to stay the course of a bacterial infection. Further that the surgical method of dealing with a localized bacterial infection by the extirpation of the visible focus of disease is altogether without theoretical justification, inasmuch as germs of disease, invisible to the naked eye, will be left behind in the interior of the organism, which, by the very fact that it has become infected, has already proclaimed aloud that it furnishes suitable soil for the multiplication of the germs in question. Again, sanitary measures in the form of too efficient conservancy and of measures of disinfection and isolation provide no solution of the problem. There is no ground for hope that much more than has already been accomplished will ever be accomplished by these means. Turning to enquire whether progress was being made in the direction of the achievement of directive control over disease, the lecturer considered the question as to whether there was any agency at work to resolve the problem of disease. It was pointed out that the army of busy general practitioners does not constitute such an agency; further, that the honorary staffs of our hospitals could not devote themselves to the excessively laborious work of research, and that if they did the present work of the hospitals would come to a standstill. The situation in a nutshell was that practically no work is in progress in connection with the resolution of the problems of disease. Here and there an isolated worker was to be found devoting to the work of medical research such free time as he may have at his disposal. But it was doubtful whether there were among the forty or more millions of the British race more than one hundred scientific workers actively and continuously engaged upon the problems of disease. This condition of things depended upon economic causes. Not only was there nothing in the form of reward for successful solution of the problems of disease, but the worker who devoted himself to the task of seeking a solution for this the outstanding problem of civilization immediately found himself face to face in his own person with the problems of the primitive savage—with the problem of finding subsistence and clothing and shelter from the weather. Until these conditions are utterly changed no one who has realized what it must mean to a man to face all life through the problem of the savage while his compeers live around him the life of comfort and refinement would ask of the enthusiasm of youth that it should embrace the arduous life of medical research. The solution of the problem was to be found only in the provision of salaries on the scale of those which obtain in the civil service. A sufficient beginning would be made by the annual allotment of even so small a sum as was paid in the coffers of the statement of the death duties accruing from the estate of even a single millionaire. This would provide an average income of £500 for one hundred workers, and would probably leave over a sufficient balance for the upkeep of their necessary laboratories. In connection with such a proposal for permanent salaries upon this scale furnished as the case might be, either from private benefactions or from the resources of the State, the question would immediately arise as to whether any sufficient return in the form of scientific results could be ensured. In connexion with this question the lecturer enquired whether there was any assurance that it was within the capacity of the human mind to unravel the problems of disease, and whether research could be effectually carried out only by the agency of original genius and whether it would be possible to prevent endowed laboratories becoming cities of refuge for the indolent. The first and third questions were answered in the affirmative, the second in the negative. In connexion with the second question the methods by which discoveries are arrived at were considered. The question of the association of teaching with research was then discussed and it was pointed out that the imposition of some teaching upon the scientific worker would serve as a perpetual stimulus to research while it would at the same time provide for the dissemination and utilization of the results of research.

The lecturer pointed out that the guiding principles of the physiological laboratory which had recently been established in the University of London, under the guidance of Dr. Waller, ought to be realised also in connection with the development of medical research.

With regard to the locus of the future laboratories of medical research, the lecturer pointed out that there was grievous objection to the divorce of research laboratories from the hospitals, and that it had been found essential in the case of the more important foreign laboratories to try to remedy this divorce by establishing hospitals in connexiou with existing research laboratories. It was pointed out that the foundation and endowment of laboratories in connexion with hospitals, which could now readily be undertaken in England, presented very great advantage over the continental plan. Its advantages were that it would place at the disposal of the scientific worker all the valuable practical experience of the present hospital staffs, while on the other hand it would place at the disposal of those hospital staffs the resources of modern laboratory methods. The arrangement would have the further advantage of acting as a direct stimulus to research by grafting it as a philanthropic engine on to the philanthropic organization of our present hospitals. It would also tend to raise into a scientific system the whole of the present medical art.

Another advantage that would accrue would be that it would operate in the direction of extinguishing the present somewhat acrid and ill-informed crusade against medical research which derives its strength from the fact that when a laboratory is divorced from its proper complement, a hospital, that laboratory falls under the imputation of seeking curious knowledge without any thought of the useful application of that knowledge to man. To the possible cry of experimentation upon man the complete answer to that would be found in the fact that no suffering is inflicted on the patients who are suffering from obscure and otherwise incurable diseases. These would be in point of fact very grateful for time and labour expended upon the diagnosis and scientific treatment of their complaints.

The lecturer next considered the question of the ear-marking of research funds for work to be conducted along prescribed lines and directed towards a predetermined goal. He pointed out how considerable a portion of the funds available for medical research are tied up in this manner, and taking his illustrations for the list of problems proposed in resolutions by the pious founders of the prizes adjudged of the French Academy of Sciences, he pointed how often the methods of research which they proposed are completely sterile, and the goals trivial or unobtainable, while each and all of the imposed limitations result in holding off the scientific worker from following up the paths which he sees would lead him to results.

In conclusion Professor Wright gave examples of lines of work which urgently invited research, and taking up for consideration the outbreaks of infectious disease, which are of such serious financial importance to schools, he showed that not even the large financial interests at stake can, under the present conditions (when the investigator cannot secure any price whatever for his work), avail to attract research to the solution of the comparatively simple problems offered by the spread of some of these diseases.

Notes.

The Hospital on Tuesday, the 11th, welcomed a large contingent of the French Physicians and Surgeons, who were visiting London. Sir William Broadbent and Dr. Caley received the visitors in the Board Room, and amongst the members of the Staff who escorted them round the Wards and the Out-Patient Department were Dr. Sidney Phillips and Mr. Juler. In the Pathological Department Dr. Wright gave a most interesting demonstration in most fluid French on his method of treatment of staphylococcal and tubercular invasion by the corresponding vaccines, and showed some very refractory cases which had yielded to this treatment.

We regret that through inadvertence a mistake was printed in these columns in our last issue. The life of the late Sir Edward Sieveking is to be written by his son Mr. A. F. Sieveking and not by Dr. A. R. Sieveking as we stated. Any letters, notes or reminiscences of Sir Edward Sieveking, should therefore be sent to Mr. A. F. Sieveking at 12, Seymour Street, Portman Square.

The Dinner on the 3rd of October this year was a great success. Frequent complaint has been made in previous years, by those who had to sit and listen, of the prolixity of the speeches. There were only two possible ways of obviating these complaints: one to ask every one to speak, the other to ask no one to speak. The second method is the one which the authorities have rightly chosen, and a considerable step towards its attainment has been made, with proportionate addition to the enjoyment of the evening. As the chairman truly said, men come to these dinners to meet and talk with old friends, and everything should be subservient to the object of enabling them to do so as freely as possible.

The numbers were not so great as usual, and several familiar faces were absent. Both the Senior Physician and the Senior

Surgeon were unfortunately unable to attend, but all the rest of the active staff were present, and of the members of the consulting staff we noticed Sir William Broadbent and Sir Anderson Critchett.

Mr. Harben, who must now be regarded as most thoroughly identified with the Medical School, attended last year as a guest. This year for the first time he attended as one of us, and celebrated his admission by an excellent speech, not free from a gentle gibe at his close neighbour at the dinner table, Dr. Wright.

We feel that Mr. Harben's name ought to be inscribed in letters of gold in the school. He may justly be regarded as the second founder, for he has come most generously to its aid at a critical time in its fortunes. Only a very short time has passed since Mr. Harben made a most generous contribution to the funds of the school, and again we have to give him our most heartfelt thanks for his contribution of £2,000 to a school endowment fund, and more than that he has been the intermediary of a contribution of £5,000 by his sister Mrs. Wharrie, for the same purpose. As Mr. Silcock remarked at the dinner, £7,000 is a very substantial nucleus, no mere nucleolus. May it grow by constant accretion until it represents a fully endowed organism.

We have received a note from Dr. Graham Blick, on the other side of the world, which is of extreme interest as showing the developments that may take place in a medical man as the result of alteration in environment. He left St. Mary's some time after 1891, to all external appearance an ordinary medical man. (He will pardon us the somewhat blunt method of expression, and understand that we use the phrase in a most complimentary sense). Since that time he has developed into a functionary whose great prototype is to be found in the realms of comic opera. He is a kind of Lord High Everything Else, a Government Resident and Chairman of Quarter Sessions, embodying in his own person all the functionaries from Lord Lieutenant down to Parish Beadle. All this in the district of Broome, West Australia, where the pearls come from.

The Medical Society under the presidency of Mr. Low and the secretaryship of Messrs. Brewer and Juler have issued an excellent syllabus. We regret a little the disappearance of the debates which were so successful a feature in last year's programme, but the excellence of the list otherwise tempers our regret. We hope that the session may be prosperous and the attendance good.

Members of the Hospital in the later part of the nineties will hear with great regret of the death of Cyril Thwaites from a liver abscess. He served through the Somaliland campaign as a Civil Surgeon, and there laid in the seeds of the complaint which in the end killed him.

We hope Mr. Spilsbury fully appreciates the honour which the *Times* has done him in its report of Wednesday, the 12th October. It reminds us of the story of the reporter who published in a Manchester evening paper, on a Saturday, a full account of the races which took place at Auteuil on the following Sunday, and who, when dismissed in consequence, was heard to remark that these low evening papers couldn't appreciate a man with an intelligent anticipation of events.

We hear that the Annual Sermon in the Hospital Chapel this year is to be preached on Tuesday, November 1st, by the Dean of Westminster.

In the Special Examination in Organic Chemistry for the M.B.London, out of seventeen candidates from St. Mary's sixteen passed.

We have to congratulate Mr. Pannett on the distinction he has gained in the Intermediate M.B. of the London University. To have gained the Scholarship in Physiology and shared that in Anatomy is an honour which falls to few.

In the same examination Mr. Fleming gained Honours in Physiology and Pharmacology.

In order that our readers may be fully conversant with what has been happening during the vacation we may make public a few facts. Item one, we have been white-washed : the more agile of us escaped with only a few blobs (a small 'b' please Mr. Printer), as we rushed through dangerous places. Nevertheless a new hat sent to our Editorial Office would be given a happy, happy home. Item two, we have been painted, though not so much so as white-washed.

One day a motor-car with a presystolic murmur came and practised some new music (Wagner probably) outside the hospital. But for the rest, things have been with us as they ever are.

Does anyone know what has happened to the nail-brushes that used to live in the front Cloakroom ? We have known them for years and years and they have grown bald in our service and now they are not anywhere. Distraught with grief we sought them in the Skin Department thinking they might be undergoing treatment, but they were not to be found. Can it be that they have gone to Jamaica ?

Perhaps we could console ourselves with new ones were we given the chance. It would be strange, but we would gladly try. Alas! "the old order changeth" but doth not "yield place to the new."

We publish this month the usual annual report of the London & County Banking Company, the Hospital's bankers.

A pretty compliment has been paid to Mr. H. J. Gibbs, who has recently left us. On resigning the post of Casualty Officer at the Royal Infirmary, Bristol, which he had only held for two months, he was presented with a silver inkwell as a mark of esteem by the resident medical staff.

Amusement may sometimes be found in unexpected places. The casualty room book has the following two entries :

31/8/04. Sullivan, Daniel, Age 59, Woodchester Street. Old patient of Mr. Owen's C_2 H^6 O. Complains of Rupture. No Rupture found. Chucked out.

31/8/04. (three hours later).
Sullivan, Daniel, Age 59, Woodchester Street, Stepped between platform and train, Edgware Road Station. Bruised leg, C^2 H^6 O.
Locked up.

From the facts given calculate the number of public-houses between St. Mary's Hospital and Edgware Road Station, and state which should have their licenses endorsed.

The office-boy has made a joke. We found him giving himself airs one day, and when pressed and thumped for an explanation he confessed that he had been reading about Professor Koch and bovine tuberculosis (for he is an intelligent lad though fluffy-minded), and suddenly the possibility of "Koch and bull" struck him. This sort of thing is unbearable in an office-boy, and we told him it was old.

Space being to let, however, it seemed that it might be of use if we could only father it on to someone of more standing. We approached Mr. McEditor, who said he had a central scotoma for puns, and that he hoped the proofs would be corrected for a change. We left as the conversation became uninteresting. We thought perhaps it would be in Dr. Wright's line, but he emphatically assured us that he would sooner be a physician or surgeon than be seen near such a vain thing (our readers can gather how annoyed the Professor was). We left our blood and departed. We had it translated into Welsh, but no one would own it.

So it appears as the office-boy's, and on the distinct understanding that the Editorial Staff have nothing to do with it. The boy is dead. He died artistically and to slow music in five beautiful tableaux, and his last words were "Jest once and nevermore."

The St. Mary's Hospital Ladies' Association has resumed its fortnightly meetings, the first being held on Tuesday, October 11th, at Mrs. Lees' house, 22, Weymouth Street, W.

Contributions or promises of assistance to the Association will be very gratefully received by Mrs. Lees, or by Mrs. Silcock (52, Harley Street, W.)

In the wards there are many changes to chronicle. After about three years of splendid work in the Albert Ward, Sister Dyson resigned her post, leaving at the end of July. Her resignation is a great loss to the Hospital, where she was Senior Medical Sister, and which she served so well and so faithfully. Indeed the Medical Floor still seems strange without her.

The Hospital has also lost two good nurses in Sister Goodair and Nurse Dawson, who have recently left the Manvers and Lilian Holland Wards respectively.

Acting-Sister Dear, who has done so much good work in the Theatre, has been appointed to the onerous post of Theatre Sister.

Acting-Sister Hyde has been appointed Sister of the Alexandra and Princes Wards, where the old tradition of good work is being kept up.

Nurse Needham has been appointed Nurse in charge of the Lilian Holland Ward.

Entrance Scholarships, 1904.

Open Scholarships in Natural Science.

£145. W. L. Cowardin (St. Paul's School).
£52 10s. E. W. Archer (St. Mary's Hospital)
£52 10s. A. B. Porteous (City of London School)
£52 10s. T. A. F. Tyrrell (University College, London)
} Eq.

University Scholarships.

£63. C. H. Rothera, B.A. (Emmanuel College, Cambridge).
£63. K. A. Lees, B.A. (King's College, Cambridge).

The Opening of Winter Session.

The opening address of the present session was delivered by Dr. Wright, Pathologist to the Hospital, in the Library of the School, on Monday, the 3rd of October, at 4.30. There was a crowded audience who listened with unflagging attention to the most interesting plea for the endowment of medical research which Dr. Wright gave. We have published in another part a long abstract of his address, and we may express the hope that some seeds at least may strike and yield a harvest in time. In proposing a vote of thanks to Dr. Wright, Dr. Lees said that possibly the address was a little too pessimistic in its tone. The vote of thanks was seconded by Dr. Phillips, and when put from the chair by Mr. Page was carried by acclamation.

The Annual Dinner.

The Annual Dinner in connection with the opening of the Medical School was held on the evening of the 3rd of October, in the Whitehall Rooms. The attendance was not quite so large as usual and several well-known faces were absent, but the authorities are to be congratulated in the innovation which resulted in the cutting down of the large toast list of former years, and the consequent increase in the gaiety of the meeting. The speeches were commendably short and equally commendably apposite, and old friends who had not met for twelve months were enabled to talk agreeably without the tedium of listening to hour-long speeches.

Mr. Silcock, who was in the chair, in proposing the toast of the evening, "St. Mary's Hospital and Medical School," commenced by a reference to the true function of such a meeting, to enable old friends to meet and from year to year keep fresh the friendships formed during the student life. As the years pass the prosperity and influence of the School increased. We have been witnesses of a St. Mary's man being elected to a post at University College Hospital, and for the posts in our own Hospital we have always ready men trained in our own Hospital. This prosperity is due to the high standard of work and teaching in the Hospital and School, and to general efficiency shown in the management of the School. It is to be remembered that more than ever at the present time are the Hospital and School indivisible, and it is fortunate for the School that this is so. The fees paid by the medical student are far below the cost of his education. The necessity for the endowment of medical schools is very great. Universities, schools of law, schools of science, libraries, all are receiving large sums towards their endowment. The London medical schools do not share in this. In the minds of the public some kind of stigma seems to attach to medical schools. They are regarded as places devoted to the evil practices of anatomy and post mortem examinations. He was not sure that the stigma did not extend to the medical student, who was regarded as an individual who hurried over an hour or two's work in a perfunctory manner and then hurried over to the nearest

"pub." But to one member of the laity we had cause to be grateful, not only for the generous help he had given from his own purse, but also for that of which he had been the intermediary. The gift of the Chairman of the Hospital, Mr. Harben, was a solid nucleus, no mere nucleolus, for our endowment fund, and we could best show our gratitude by doing all in our power to further the welfare of the Hospital and School.

Men who had been students in the early nineties were they to revisit the school in these days would hardly recognise it, so numerous were the improvements that had been made in it. Most of these must be ascribed to the energy, ability, and attention which Dr. Caley had devoted to his task as Dean, and it was with great pleasure that in giving the toast of Prosperity to St. Mary's Hospital and Medical School, he coupled with it the names of Mr. Harben and Dr. Caley.

Mr. Harben, in replying, said, that during the evening Dr. Wright had been seeking to inoculate him with the research bacillus, and he felt he owed his immunity from infection to the protective influence of the chairman. They had all been delighted with the address to which they had had the pleasure of listening in the afternoon, but they must regard it in the light of a pious opinion not to be carried too much into action. It was very difficult for the general public to see the necessity for devoting much to research, and he feared it was not likely that the State could give much aid. The London County Council does make some contribution from its funds to this cause, and it was to that body rather than to the State or the general public that we should look for further aid.

The lay member and the medical member of a Hospital Board naturally regarded things from different points of view. There could never be absolute agreement. Each side must state its opinion fully and freely. Harmony was not the result of a number of people shouting in unison, but of each person speaking his different tone in an agreeable manner. In Dr. Caley we have a Dean who was always ready to try to realise the point of view of a lay member, and in so doing he formed an ideal Dean.

Dr. Caley, in his reply, referred to the difficulties, mainly financial, through which the School had had to pass in the last few years. One good result of that time of storm was the forging of closer links to bind the Hospital and School together. To night, for the first time, what had formerly been a series of toasts was joined in one, so that he was speaking not only for the staff but for the past and present students. On behalf of the past students he must refer to the appointment of Dr. Poynton to University College Hospital, of Capt. Fowler as assistant professor of the Army Medical College, and of Dr. Dodgson as Bacteriologist to the Government of Rhodesia. The influence of St. Mary's as a Medical School was extending, and this was in great part due to the extension of the influence of old students: as to the present day students the increase in the amount of work they had to do was probably the cause of the diminution of athletics. But no one could see the empty cases in the Library without a feeling of sadness at the memory of their appearance five years ago. They were doing what they could for the athletic clubs, a ground had been secured in the summer for tennis, and they had secured for the winter a practice ground for the Rugby and Association Clubs.

The School, in the general depression which existed amongst London Medical Schools, was keeping up its position well. The entry this year for the full course would probably be almost the same as last year, about forty.

However great the changes during the last ten years had been, those which would take place during the next five years would be incomparably greater. The opportunities which the opening of the New Wing would give would be taken advantage of to the full, and as all progress must be a struggle, he would ask every one of them to back up the Hospital and School in this struggle.

Dr. Lees proposed the health of the Chairman, and spoke of him as one of the three excellent gifts which University College Hospital had given to St. Mary's, and which we had begun to repay by giving to them one of the most brilliant of the younger generation from St. Mary's—Dr. Poynton. The toast was enthusiastically and harmoniously received. Mr. Silcock having briefly responded, the meeting became musical and sociable, and to the accompaniment of two or three excellent clarionet and violin performances old friends met and talked of past times and present experiences.

St. Mary's through the Electrophone.

THE MEDICAL SCHOOL.

Anatomy Lecture.—This diagram represents—is intended to represent the relation of these, the branches of the brachial plexus, to this, the third part of the axillary artery. . . . These points are also shewn in this somewhat antiquated dissection from the museum. . . . The structures which are situate in relation to this, the third part of the axillary artery, are of great importance to the surgeon, as it is here that he usually approaches the artery for the purpose of ligaturing it. . . . You will see, therefore, that the surgeon must approach with great circumspectness.

Medicine Lecture (*In Special Classroom*).—Oh, what a nice fire . . . what were we doing . . . oh yes, pleurisy . . . pleurisy with effusion . . . the amount of effusion, oh well, it may vary you know, . . . it varies from nothing at all up to I don't know how much . . . There was a time when nurses did what you told them, but now its a profession they do what they like, still, you'd better warn them. . . . We've just got time for Fibrinous Bronchitis . . . pathology not known, prognosis bad and treatment worse. . . . Oh, that's enough for to-day, I haven't had my tea yet.

Materia Medica Lecture.—We proceed to-day, gentlemen, to the consideration of those measures which are classed under the term Hæmatinics. I say "measures" advisedly, for under this heading we include not only those drugs which exert a so-called Hæmatogenetic action but also a not unimportant sub-group of therapeutic agents having an indirect hæmatinic function in which we may include hygienic

and dietetic measures as well as drugs, having a tonic action, both general and digestive.

SURGICAL ANATOMY (9 a.m.).*

MEDICINE (M.B. CLASS).—Sorry to be late . . . we were going to do Spastic Paraplegia . . . well, first, its causes . . . I'll write up a list . . . twenty-first, Thomsen's disease, twenty-second, Myoclonia, or as it used to be called Paramyoclonus Multiplex. . . . Those are the spinal causes only. . . . Then for cerebral causes, cerebral diplegias, . . . basilar thrombosis † . . .

UNOFFICIAL—AN "ANATOMY RAG."

SCENE.—*The scholastic and supernumerary sanctum of a (nearly always) popular coach. The atmosphere is created of tobacco-smoke, in particular of the fumes of a forty-minutes cigar of doubtful heredity but of self-assertive habit. A crowd of would-be M.R.C.S.'s on chairs and tenter-hooks, a few collapsed. Carbonifer hypotheticum capable of accommodating many visitors.*

What's the size of the receptaculum chyli? . . . don't know? . . . shocking isn't it, yes . . . next . . . next . . . about the size of a *small orange?* God bless my soul, that's the worst thing I ever heard, you'd better *bury* yourself, sir, you'd better hide yourself in the coal-scuttle, and in that congenial gloom you can think upon the black abysses of your ignorance . . . small orange! . . . I don't know what'll happen to some of you fellows, a time will come when you're face to face with rudely inquisitive examiners and your tongue is dry and your knees are shaking, and you'll be seen "to sweat with pain, to look pale and red, to tremble"—like the man with renal colic, oh I can tell you, you'll be *very* bored . . . yes, there's a very special little gehenna waiting for some of you . . . very bad, isn't it, yes.

St. Mary's Hospital Medical Society.

Under the presidency of Mr. V. W. Low, the Medical Society began its Winter Session. Meetings will be held as usual on alternate Wednesdays, at 8.15 p.m.

The following papers are announced:—

Oct. 26.—"Pre-operative Treatment." Mr. W. H. Clayton-Greene.
Nov. 9.—"Recent work on Tetanus." Prof. A. E. Wright.
„ 23.—"The Anatomy and Surgery of the Frontal Sinus." Mr. Maynard Smith.
Dec. 7.— Clinical Evening.
Jan. 11.—"Infantile Mortality from Overlaying." Dr. W. H. Wilcox.
Jan. 25.—"Acquired Finger Deformities." Mr. Wallace Ashdowne.
Feb. 8.—"Erysipelas—in the past and in the present." Dr. Mitchell Bird.
„ 22.—"Art and Insanity." Dr. Theo. Hyslop.
Mar. 8.—"Recent work on Chloroform." Dr. N. H. Alcock.

On October 12th, the opening night of the Session, a paper entitled "Recent Advances on Army Medical Administration," was read by Surgeon-Gen. Keogh. Microscopical specimens were shewn by Mr. B. H. Spilsbury.

A Case of Recovery after Operation for Perforation in Enteric Fever.

Reported by C. THORNTON, M.D., M.R.C.P., and A. W. SANDERS, M.D., F.R.C.S.

The conviction that steadily increasing successful results can be obtained by surgical interference in this otherwise fatal complication is now well established, and the following case affords an example which may encourage others to adopt similar treatment.

W. J., aged 22, was admitted into the Pretoria Hospital on February 6th, 1904, with a history of severe headaches and general malaise for three days. A positive diagnosis of enteric fever was made a few days later from the persistent fever, the occurrence of definite "spots," and a palpable spleen. The disease ran a mild course, and by the middle of the third week the morning temperature was normal, the evening temperature 99·6° to 100°, and the pulse only 72 to 76.

On February 24th, the 21st day of the disease, a change, however, occurred. About two in the afternoon the patient complained of colicky pains in the abdomen. Some carminative was given, and hot water bottle applied, with apparent relief. Shortly before 6 p.m. there was another attack of colic of much greater severity. Dr. Laing, the Assistant Medical Officer, was called, and noted that the temperature was then only 97·6°, but that the pulse was 100, and that the patient was looking anxious and decidedly ill. Dr. Thornton saw him with Dr. Laing at 6.30, and they noticed distinct rigidity of the right rectus, with some local tenderness in the right flank. Moreover, palpation seemed to bring on spasms of pain, causing the patient to assume a decidedly "peritoneal look." The abdomen was not at all distended, but quite hollow, as it had been all along. The liver dulness was apparently normal. The pulse, which had only been 72 at 2 p.m., was now 116, and the temperature had fallen from 99·6° at 2 p.m. to 97·6°. Dr. Laing and Dr. Thornton both came to the conclusion that perforation had occurred quite recently. A turpentine enema was ordered to clear out the lower bowel, and Dr. Sanders was sent for with a view to operation if he should be of the same opinion. The enema acted well. Dr. Sanders began the operation at 9 p.m., and

* Perhaps the electrophone was out of order, but we could detect no sounds as of a class in progress.

† At this point the mental strain became so intense that we wept to remember our mis-spent youth.

the correctness of the diagnosis was soon established. At the time of the operation the pulse rate had risen to 126.

The pat ent stood the operation very well, and next day his condition was excellent, his temperature being 99° and pulse 88, with no abdominal pain. On the second day after the operation calomel in one-grain doses was ordered every two hours for four doses, and 1 oz. of a saturated solution of magnesium sulphate six hours later. As the bowels had not acted by the third day, and there was a tendency to distention and general abdominal discomfort, two five-grain doses of Pulv. Elaterini Co. were ordered at intervals of four hours. That night the bowels acted freely, to the great relief of the patient. The next few days were uneventful, and the patient made steady progress towards recovery. The temperature was never above 100°, and the pulse was slow, under 90. Eight days after operation the temperature began to rise again, because of the onset of a definite relapse accompanied with a fresh eruption of spots. The relapse was of a mild type, and never caused any real anxiety, although it ran a full three weeks' course.

At the time of writing (April 28th), the patient is up and on ordinary diet.

Remarks by Dr. Thornton.

The following points of interest may be noted in this case.

The occurrence of perforation in a mild case apparently just about to take on the convalescent stage, with a clean tongue and a hollow abdomen.

The premonitory signs of peritoneal pain and quickening of the pulse from 2 p.m. until actual perforation at 6 p.m.—"the pre-perforative stage."

The steadily increasing pulse rate, along with a subnormal temperature, 72 at 2 p.m., 126 at 9 p.m. the time of the operation.

The definite rigidity of the right rectus muscle.

The production, even at this early stage, of the "peritoneal look" on palpating the abdomen, and its occurrence also spontaneously.

The absence of any decided change in the liver dulness, and the explanation of this in the condition found on opening the abdomen, viz., a pinhole perforation practically sealed by inflammatory lymph.

No case could have been more hopeful, and that recovery did occur is not surprising.

Unfortunately a similar condition is not always found, even when the diagnosis is quickly made and operation speedily resorted to. We have had several cases operated on quite early, and found a large perforation, with a free escape of liquid fæces spreading widely amongst the intestinal coils. In such cases, I imagine that recovery rarely occurs.

Finally, I may be allowed to remark that there should, in my opinion, be no hesitation in giving aperients, and, if necessary, stronger purgatives, within two or three days after the operation, if there be any signs of increasing distention. I believe the value of this practice is well recognised after laparotomy in other conditions.

Remarks by Dr. Sanders.

The successful issue of this case was, I believe, due to the attack being of a mild type, the speedy recognition of the perforation, and the quick resort to operation.

Chloroform was given, and a median incision made. The first coils of intestine seen appeared normal, but, on displacing them, other coils appeared shewing a general fine injection of the peritoneal coat, and still later, others shewing traces of adherent inflammatory lymph. On withdrawing a coil thus affected, a portion was soon found in which ulcers could be seen. One of these had extended through to the peritoneal coat, and on its outer surface was some lymph. On removing this a fine perforation was seen, from which bubbles of gas could be expressed. A second ulcer also appeared to have nearly perforated. Both ulcers were invaginated by pressing a probe over them in the long axis of the bowel, and the edges of the groove thus formed were sewn together with several Lambert's sutures. The peritoneal inflammation present was fairly extensive, but there was little or no fluid present between the intestinal coils, and no recognisable signs of any real fæcal contamination. The affected area was well washed with hot saline solution, and a counter opening was made in the right flank, and a drainage tube passed from the abdominal incision through this. On the first two days after the operation, hot saline solution was passed through this tube, but, as there was no discharge, this was discontinued, and the tube removed. The wound healed quickly and well.

St. Mary's Hospital Football Clubs.

ASSOCIATION.

The Annual General Meeting was held in the Club, on October 5th. Mr. H. S. Collier, President, took the chair, and there was a large attendance of members.

The Committee for Season 1903-4 resigned, and a new one was appointed, consisting of *Captain*, H. G. Willis; *Hon. Sec.*, E. W. Archer; *Committee*, F. C. H. Bennett, C. W. G. Bryan, A. W. Bevis.

ST. MARY'S HOSPITAL F.C. *v.* STAMFORD BROOK.

The above match was played at Stamford Brook and resulted in a win for the Hospital by 5 goals to 2. Several new men turned out for the Hospital, who are likely to prove valuable acquisitions to the team. At half-time Mary's led by 4 goals to 1. The second half was productive of a goal to each side, the Hospital thus winning by the score stated.

The goals for us were scored by Bennett (2), Taylor (1), Martyn (1), and Archer (1).

Team.—Goal, M. C. Mason; *Backs*, C. E. Redman, A. W. Bevis; *Half-Backs*, V. C. Martyn, H. S. Willis (Capt.), J. Pugh; *Forwards*, G. V. Hobbs, F. C. H. Bennett, H. H. Taylor, A. A. Archer, T. Hare.

RUGBY.

ST. MARY'S HOSPITAL *v.* HAMMERSMITH.

The above match was played at Hammersmith, on Saturday, October 1st, and resulted in a win for Hammersmith by 1 goal (5 points) to nil. It was rather early in the season for us, so that we had to

play without several of our regular men. The game was fairly fast from start to finish, and our men played very well considering it was the first match of the season. Nothing was scored in the first half, though we were somewhat unlucky in not getting through once or twice. Towards the end of the second half we were very unfortunate in losing the services of three of our men through accidents, and it was immediately after this that Hammersmith scored. Nothing further was scored and the match ended as stated. Amongst the forwards we have gained a very good man in H. E. Finlaison, and H. L. Barker promises to turn out a very good wing three-quarter.

Team.—F. W. Quirk, *Back;* E. D. Anderson, W. R. Taylor, H. S. Ollerhead, H. L. Barker, *Three-quarters;* J. Louwrens and J. E. L. Johnston, *Halves;* J. Freeman, F. A. Juler, R. A. Bryden, H. E. Finlaison, C. M. Wilson, J. B. Webb, J. H. Meers, and J. H. Burdett, *Forwards.*

Appointments.

BLICK, GRAHAM T. B., L.R.C.P., M.R.C.S., has been appointed Government Resident for the Broome District, Australia, and Chairman of Quarter Sessions.

BRYAN, FRANK, M.B., B.C.Camb., has been appointed Assistant Medical Officer to the Middlesex County Asylum, Tooting.

BYRNE, W. S., M.D., B.Ch.Dub., has been appointed President of the Gynecological Section of the Interstate Congress of Australia.

GIBBS, H. J., L.R.C.P., M.R.C.S., M.P.C., has been appointed Assistant Surgeon to the Lunatic Asylum at Singapore.

HARE, F. W. E., M.D.Durh., M.R.C.S., has been appointed Medical Inspector of Hospitals in Queensland, Australia.

INNESS, W. J. D., L.R.C.P., M.R.C.S., has been appointed House Physician to the Royal Bethlem Hospital.

PAINE, ALEXANDER, M.D., B.S.Lond., D.P.H., has been appointed as joint Pathologist with Dr. D. J. Morgan to the Cancer Hospital.

SOPER, G. M., L.R.C.P., M.R.C.S., has been appointed Medical Officer and Public Vaccinator for the Dartmouth and Dittisham Districts.

STRATON, A. W. K., L.R.C.P., M.R.C.S., has been appointed House Surgeon to the Royal Hants County Hospital, Winchester.

VINTER, S. G., L.R.C.P., M.R.C.S., L.S.A., D.P.H. Durh., has been appointed by the Postmaster-General Medical Officer to the Post Office at Torpoint (including Antony), Devon.

Two members of the Consulting Staff have been appointed to the Honorary Medical Staff of King Edward VII.'s Hospital for Officers, viz. :—

Sir WILLIAM H. BROADBENT, Bart., K.C.V.O., M.D. Lond., F.R.C.P., F.R.S.

Sir ANDERSON CRITCHETT, F.R.C.S.Edin., M.R.C.S.

SIR WILLIAM H. BROADBENT, Bart., K.C.V.O., M.D. Lond., F.R.C.P., F.R.S., has been re-elected a Representative on the Executive Committee of the Imperial Cancer Research Fund.

ROYAL COLLEGE OF PHYSICIANS.

The following of St. Mary's have been appointed Examiners, viz. :—

Medicine—SIDNEY PHILLIPS, M.D., F.R.C.P.

Public Health (Part I.)—ARTHUR PEARSON LUFF, M.D., F.R.C.P.

Materia Med. and Pharmacy—HENRY ALBERT CALEY, M.D., F.R.C.P.

Change of Address.

BRYAN, FRANK, M.B., B.C.Camb., Middlesex County Asylum, Tooting.

CAMPBELL, P. D. M., L.R.C.P., M.R.C.S., 2, St. Leonard's Road, Ealing.

CARPENTER, P. T., L.R.C.P., M.R.C.S., "Engersen," Parkstone, Dorset.

CUNDELL, W. H., M.R.C.S., L.S.A., "The Haven," Oxford Avenue, Boscombe, Hants.

DAWE, F. S., M.D., B.Sc.Lond., L.R.C.P., M.R.C.S., "Roseleigh," 119, High Road, Chiswick.

FELCE, STAMFORD, M.R.C.P.Edin., M.R.C.S., Frilsham Manor, Newbury, Bucks.

FIDDIAN, A. E., L.R.C.P., M.R.C.S., 23, The Walk, Cardiff.

GRAHAM, E. NAGGIAR, F.R.C.S.Edin., L.R.C.P., M.R.C.S., L.S.A., 75, Warwick Road, Maida Vale, W.

HARDWICKE, W. W., M.R.C.P., L.R.C.S.Edin., "Adelphi House," 71 & 72, Strand, W.C.

HODDER, A. E., M.B., B.C.Camb., "Bridstow," Park Road, Wigan, Lancs.

HUTCHINSON, G. A., L.R.C.P., M.R.C.S., "Newstead," Crosby Road North, Waterloo, Liverpool.

INNESS, W. J., L.R.C.P., M.R.C.S., Royal Bethlem Hospital, S.E.

THOMAS, A. H., L.S.A., D.P.H., High Street, Yiewsley, Middlesex.

WILLIS, W. F., L.R.C.P., M.R.C.S., Fielding, New Zealand.

CHANGE OF TELEPHONE NUMBER.

CLARKE, J. JACKSON, M.B., F.R.C.S. (Teleph. 910 Mayfair).

CUNNINGHAM, H. H. B., M.D.Brux., L.R.C.P., M.R.C.S. (Telph. 766 P.O. Hampstead).

Pass Lists.

UNIVERSITY OF LONDON.

EXAMINATION FOR DEGREE OF M.D.

Medicine.

C. W. Lindsey, M.B., L.R.C.P., M.R.C S.

Claude Rundle, M.B., L.R.C.P., M.R.C.S., D.P.H.

Mental Disease and Psychology.
William Ferris, M.B., B.S., L.R.C.P., M.R.C.S.

GENERAL INTERMEDIATE EXAMINATION IN MEDICINE. (INTERNAL STUDENTS.)

H. S. Chate, B.Sc.
A. Fleming (Distinguished in Physiology and Pharmacology).
C. A. Pannett, B.Sc. (Scholarship in Physiology and Æq-Scholarship in Anatomy).

SPECIAL EXAMINATION IN ORGANIC CHEMISTRY ONLY.

E. W. Archer, H. L. Barker, J. H Clarke, D. W. Daniels, E. J. C. Dicks, J. E. L. Johnston, E. H. Kettle, G. E. Oates, O. B. Parry, F. W. Quirk, E. W. Squire, A. A. Straton, C. W. Vining, H. G. Willis.

PRELIMINARY SCIENTIFIC EXAMINATION. (INTERNAL STUDENTS.)

Chemistry only—J. H. Meers, E. C. Pope.
Biology only—T. A. F. Tyrrell.

EXTERNAL STUDENTS.

Chemistry only—R. A. Parsons.
Biology only—J. B. Webb.

INTERMEDIATE EXAMINATION IN SCIENCE.

First Division—W. L. Cowardin.
Honours (Pass)—E. W. Archer.

ROYAL COLLEGE OF SURGEONS.

DIPLOMA OF PUBLIC HEALTH.

Dunstan Brewer, L.R.C.P., M.R.C.S.

CONJOINT BOARD.

FIRST EXAMINATION.

Chemistry—A. K. Glen, H. E. Wall, J. L. Waller.
Practical Pharmacy—R. G. Buckby, R. S. Graham, F. W. Hobbs, E. C. Holtom, S. F. Huth, H. M. Inman, R. B. N. Reade, W. R. Taylor, H. E. Wall.
Elementary Biology—F. H. Fawkes, G. L. Lawlor.

SECOND EXAMINATION.

Anatomy and Physiology—C. W. G. Bryan, C. W. de Morgan.

FINAL EXAMINATION.

Midwifery—R. A. Bryden, A. G. Cole, C. F. Edmunds, F. A. Juler, F. E. H. Keogh, V. G. J. Paul, H. G. Phippen, B. J. Phillips.
Surgery—A. R. Finn, J. E. Lascelles, J. Macarthur, R. H. Miller.
Medicine—W. E. Paramore.
L.R.C.P., M.R.C.S.—H. G. W. Beckett, H. J. Brewer, P. D. M. Campbell, H. J. Gibbs, H. C. Lees, E. G. R. Lithgow, C. McDougall, W. F. Peach, A. W. K. Straton.

UNIVERSITY OF DURHAM.

FIRST EXAMINATION.

Chemistry and Physics—F. H. Fawkes, A. H. L. Thomas.

SOCIETY OF APOTHECARIES.

PRIMARY EXAMINATION.

Part II.

Anatomy and Physiology—J. W. Harrison.
Surgery—P. A. Hendley.
Diploma—A. C. Story.

The Services.

ROYAL ARMY MEDICAL CORPS.

ENTRANCE EXAMINATION.

Charles Ryley, L.R.C.P., M.R.C.S., D.P.H.
E. J. H. Luxmore, L.R.C.P., M.R.C.S.
Nelson Low, L.R.C.P., M.R.C.S.
G. H. Richard, L.R.C.P., M.R.C.S.

And appointed Lieutenants on probation, dated July 30th.

(*30 Vacancies. 49 Competed*).

CHANGE OF STATION AT HOME.

Captain S. W. Sweetman, L.R.C.P., M.R.C.S., proceeds from Colchester to Weedon for duty, and assumes Medical Charge of the Troops and Station Hospital.
Captain J. Hay-Campbell, D.S.O., L.R.C.P., M.R.C.S., to the Station Hospital, Western Heights, Dover.
Captain G. T. K. Maurice, L.R.C.P., M.R.C.S., has changed station to Portsmouth.
Captain G. B. Riddick, L.R.C.P., M.R.C.S., has changed station to Aldershot.
Captain G. B. Crisp, L.R.C.P., M.R.C.S., has changed station from the Transvaal and is posted to Netley.
Lieut. F. C. Lambert, L.R.C.P., M.R.C.S, has changed station to Colchester.
Lieut. D. Le Bas, L.R.C.P., M.R.C.S., is posted to Netley.
Lieut. W. F. H. Vaughan, L.R.C.P., M.R.C.S., to Aldershot.
Lieut. E. H. Milner Moore, L.R.C.P., M.R.C.S., to Aldershot.

ABROAD.

Lieut.-Col. N. Manders, L.R.C.P., M.R.C.S., is posted to Punjab.
Lieut.-Col. T. E. Noding, L.R.C.P.Edin., M.R.C.S., to S. Africa.
Major J. P. S. Hayes, L.R C.P.I., M.R.C.S., to Bengal.
Captain S. W. Sweetman, L.R.C.P., M.R.C.S., to Madras.
Lieut. F. M. G. Tulloch, L.R.C.P., M.R.C.S., to Madras.
Lieut. W. F. H. Vaughan, L.R.C.P., M.R.C S., to Madras.
Lieut. F. C. Lambert, L.R.C.P., M.R.C.S., to S. Africa.
Lieut. O. Ievers, M.B.Lond., L.R.C.P., M.R.C.S., to S. Africa.
Lieut. H. H. J. Fawcett, L.R.C.P., M.R.C.S., to S. Africa.
Lieut. E. H. Milner Moore, L.R.C.P., M.R.C.S., to S. Africa.

PROMOTION.

Captain S. W. Sweetman, L.R.C.P., M.R.C.S., has passed the Examination in Bacteriology, qualifying him for promotion to the rank of Major (dated Jan., 1904).

Captain J. Hay Campbell, D.S.O., L.R.C.P., M.R.C.S., has passed the Examination in Midwifery and Gynecology, qualifying him for promotion to the rank of Major.

Lieut. H. G. S. Webb, L.R.C.P., M.R.C.S., has passed the Examination (held in India on March 1st, 1904) in Military Law, qualifying him for promotion to the rank of Captain.

INDIAN MEDICAL SERVICE.

PROMOTION.

Lieut. F. W. Sumner, M.B., B.C.Camb., is promoted to the rank of Captain (dated June 27th, 1904).

Lieut. H. R. Nutt, M.B.Lond., F.R.C.S., is promoted to the rank of Captain (dated June 27th, 1904).

ENTRANCE EXAMINATION.

C. C. C. Shaw, M.B., B.S.Lond. (9th).
(*13 Vacancies. 43 Competed*).

ROYAL NAVY MEDICAL SERVICE.

Staff Surgeon J. C. Wood, L.R.C.P., M.R.C.S., has been appointed to H.M.S. Diana.

Surgeon H. V. Wells, L.S.A., has been appointed to H.M.S. Dwarf, on re-commissioning.

Surgeon T. H. Vicers, L.R.C.P., M.R.C.S., has been appointed to H.M.S. Wildfire.

Surgeon E. P. G. Causton, L.R.C.P., M.R.C.S., has been appointed to H.M.S. Bedford.

Surgeon H. Chater, L.R.C.P., M.R.C.S., has been appointed to the Royal Marine Division at Forton.

Surgeon R. M. Richards, L.R.C.P., M.R.C.S., has been appointed to H.M.S. Vulcan.

Surgeon H. E. Fryer, L.R.C.P., M.R.C.S., has been appointed to H.M.S. *Shearwater*, additional and on re-commissioning.

Surgeon J.D. Keir, L.R.C.P., M.R.C.S., has been appointed to H.M.S. *Fire Queen*.

PROMOTION.

Surgeon M. H. Knapp, L.R.C.P., M.R.C.S., has been promoted to Staff Surgeon.

VOLUNTEER CORPS.

Surgeon-Captain A. M. Hickley, L.R.C.P., M.R.C.S., 4th Vol. Batt. Queen's (Royal West Surrey Regiment), resigns his Commission (dated July 23rd, 1904).

Surgeon-Captain J. E. B. Wells, L.R.C.P., M.R.C.S., 1st (Hertfordshire) Vol. Batt. the Bedfordshire, resigns his Commission (dated July 30th, 1904).

PROMOTION.

Surgeon-Lieut. F. Chown, M.B.Lond., L.S.A., D.P.H., 1st Vol. Batt. the Duke of Cornwall's Light Infantry, to be Surgeon-Captain (dated July 30th).

Announcements.

BIRTHS.

FELCE.—On August 27th, at Cricklewood Villas, N.W., the wife of Stamford G. Felce, M.D., B.C.Camb., of a son.

MATHEW.—At Port Elizabeth, Cape Co'ony, on August 30th, the wife of G. Porter Mathew, M.D., B.C.Camb., L.R.C.P., M.R.C.S., of a son.

SELLER.—On October 4th, at Commercial Road, E., the wife of J. Douglas Seller, L.R.C.P., M.R.C.S., of a daughter.

SIEVEKING.—On October 12th, at Westbury Park, Bristol, the wife of A. R. Sieveking, L.R.C.P., L.R.C.S.Edin., of a son.

MARRIAGES.

BATLEY—HAYLETT.—On October 6th, at St. Mark's, Dalston, Albert Brook Batley, L.R.C.P., M.R.C.S., son of the late Joseph Batley, Esq., of Huddersfield, to Edith May, daughter of the late Albert Haylett, Esq., of Brentford.

BUTLER—MILLS.—On February 2nd, at St. Paul's Church, Sydney, New South Wales, Arthur Graham Butler, M.B., B.C.Camb., of Gladstone, Queensland, to Lilian Kate Mills, late Matron of the Gladstone Hospital, daughter of the late John Mills, Esq., and Mrs. Mills, of Sydney, New South Wales.

COAD—YUILL.—On September 17th, at St. Mary Abbott's Church, Kensington, Stanley Allan Coad, L.R.C.P., M.R C.S., of 7, Elgin Avenue, third son of Thomas Coad, late of the Horse Guards, Whitehall, to Sarah, youngest daughter of the late John Yuill, Hillside, Partick Hill, Glasgow.

COOMBS—MATTHEWS.—At the Parish Church, Wooburn, Bucks, on October 5th, by the Vicar, the Rev. R. Unsworth, Carey Franklin, only son of Carey Pearce Coombs, M.D., of Castle Carey, Somerset, to Nina May, eldest daughter of the late C. W. Matthews, Esq., of Walton, Somerset.

LEANING—RICHARDS.—On August 24th, Robert Craske Leaning, M.B., B.S.Lond., L R.C.P., M.R.C.S., second son of the late Harry Leaning, Esq., of Chantry, Colchester, to Mary Gladys, youngest daughter of the late William Richards, Esq., of Talycoed, Monmouthshire.

MICHOD—HAMILTON.—On July 7th, at Tambo, Queensland, Australia, F. A. Hope Michôd, M.B.Lond., L.R.C.P., M.R.C.S., only son of Major Michôd, V.D., of Emsworth, Hants, to Alice May Scott, youngest daughter of T. A. Hamilton, Esq., of Tambo, Queensland, Australia.

SMALE—DYSON.—On October 5th, at the Marylebone Parish Church, by the Rev. C. E. T. Whitfield, M.A., Herbert Smale, L.D.S., son of William C. Smale, to Dora, daughter of the late John Dyson, of Manchester.

DEATH.

HALE.—On Sept. 5th, at Kirkee, Bombay Presidency, Kathleen Lucy Hale, wife of Major G. E. Hale, D.S.O., R.A.M.C., of enteric fever.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. X.—No. 9. **NOVEMBER, 1904.** **Price 6d.**

Through other Eyes.

We have lately had the pleasure of reading some accounts of the impressions made on the French Physicians and Surgeons during their recent visit to London. One cannot help feeling some pride in finding so much admiration expressed for so many things in connection with our Hospitals. In these days when there is so much talk of centralisation of Hospital management it is of great interest to read the opinion of M. le Dr. Janicot. In the course of a very appreciative article he says, "But alas! imitation on our part is far from easy. The stimulus is lacking. The centralisation of all Hospital charities under the control of one administration . . . the absence of all individual life from our Hospitals, the want of emulation and mutual striving amongst them, all these things tend to discourage the munificent private liberality one finds at every step in the English Hospitals, and which renders possible a care, a comfort, and a luxury of which we have no idea in France.

M. le Dr. Renon says practically the same thing. Speaking of the magnificent private liberality on which the London Hospitals depend he continues, "Such a custom will have no proper opportunity of becoming general in this country (France) until the day when benefactors will no longer fear to trust their donations to an administration already centralised to excess or until there are evident efforts to set up a certain amount of individual life in the Hospitals." And again M. le Dr. Manclaire says, "The independence of each Hospital renders its administration more easy and more under control, and creates a most useful spirit of emulation amongst the different Hospitals." The latter writer also suggests that in place of the "liberté, egalité, fraternité," which one finds over the entrance of all French Hospitals, the English ones should have as their motto, "propreté, commodité, rapidité."

Amongst the many other general points which have evidently impressed our late visitors the most frequently mentioned are the great proportion of nurses to patients, the brightness and home-like appearance of the wards and the generally good and often luxurious equipment of the operating theatres and of the out-patient departments.

That the visit has been a great success is undoubted from the warmth of the expressions used, and that the Parisians intend to make the return visit as great a success is also evident.

Pre-operative Treatment.

W. H. CLAYTON GREENE, M.B., F.R.C.S. *

The subject which I have the honour of introducing to-night is, I think you will agree, one of the greatest importance and interest, a subject moreover which has hitherto received but scant attention.

Looking back to the early days of operations we find that any preliminary treatment that might have been undertaken, was rather with a view of preventing the operation than of preparing the patient to meet it.

Take for instance Sir Astley Cooper's lecture on Strangulated Hernia he says "What I would do if I had a strangulated hernia would be this, I would have the taxis employed steadily for 10 to 15 minutes, if this did not succeed I would be bled to syncope, and then have the reduction by the hand attempted again; if this also was unsuccessful I would have the tobacco injection and wait a short time and then if necessary have the operation performed." Many of us have not required the experience of the tobacco injection, in order to become familiar with the general effects produced by an overdose of nicotine.

Such treatment appalling as it appears, was, at the time when it was advanced, actually an improvement on that already in practice, no attempt was made to prepare a patient to meet an operation, but on the contrary, nauseated by the nicotine, exhausted by the bleeding and by the manipulations, he was sent to the theatre as a last resort, in a state singularly unsuited to face the postponed ordeal of a surgical operation, a treatment which he rarely survived.

Such was an early phase in surgical history.

With improvements in the details of operations and all departments of surgery, and with an ever increasing confidence born of anti and aseptic experience, the operative side of treatment became unduly prominent, no longer relegated to the final stages of a disease it was often employed too soon and without proper discretion, and indeed at one time we seemed in danger of running riot in a state of surgical debauchery.

In this the second phase no thought was given to pre-operative measures, and little attention to post-operative treatment.

We have now I am convinced reached a saner stage in spite of the recent accusations of Sir William Macewen, and we are beginning to realise, though still insufficiently, that the actual manipulations in the theatre only constitute a part of the surgical undertaking.

We have given after treatment more careful consideration, we have arranged a rough and arbitrary method of general preparation of the patient, but we have not kept pace in this respect with our advances in surgical technique; we have adopted with reluctance if not with actual want of faith certain measures for avoiding shock and hæmorrhage, but we have not endeavoured to place our pre-operative treatment on that sound scientific basis on which it ought to stand.

While working in the wards as dressers or when preparing for our final examinations we are apt to look upon operations from a very narrow standpoint. As dressers we are concerned with certain preliminary measures of a tonsorial nature, but we are chiefly exercised as to the amount and number of dressings that the case will subsequently require, as final students we regard our operations as exhibitions of manual dexterity, confined to the theatre, made up of a number of troublesome details of technique and anatomy, which for our sins we must learn lest we be found wanting in our hour of trial.

We recognise the steps of familiar operations, we perhaps appreciate the difficulties and applaud the skill with which they are surmounted, but we take no interest in what has gone on behind the scenes, in what method of preparation has been employed, and it is not until we occupy some post which throws on our shoulders the full responsibility of pre and post-operative treatment, that we realise the importance of these details our own inadequate knowledge, and the much wider field which the term operation should embrace.

In my paper to-night I have endeavoured to formulate some general measures, sufficiently well known to many of you, and to suggest other special details which seem to be advisable.

Many points which I shall touch upon are still debated, much of the treatment is still tentative, and I hope that the opinions I offer will call forth a fruitful discussion; and I trust that the unavoidable expression of elementary platitudes will be forgiven me, if I am able to afford suggestions and arouse your interest in other directions.

I propose to divide my paper into two main groups,

1. General measures applicable to most operations,
2. Special treatment of diseases of certain parts, such as the Head, the Mouth, the Abdominal cavity, the Rectum and the Genito-urinary tract.

GENERAL TREATMENT.

We should approach all operations with certain main objects in view, to raise the resistance of the patient so that he may support what is often a severe strain on his recuperative powers, to diminish the risk of sepsis, and at the same time to prevent shock and undue hæmorrhage.

These are the cardinal principles of pre-operative treatment, and they are applicable to every kind of operation.

To effect our first end we should feed the patient who is in poor health on stimulating and nourishing foods, and make use of certain injections to which I shall refer later. No operations but those of urgency should be undertaken if the temperature is raised.

We must see that the stomach is empty before the administration of the anæsthetic so that vomiting may be controlled and we must purge the patient and prepare the skin over the area of operation. This purging is a most important detail which will be considered especially closely in connection with Rectal operations, but it is well at this point to dwell upon its value and influence. In most people confinement to

* Delivered before the St. Mary's Hospital Medical Society, on Wednesday, October 26th, 1904.

bed induces a sluggishness of the bowels so that if the intestines are not thoroughly cleared out as a preliminary, there may be considerable difficulty in opening them subsequently; during this time there will be present in the bowels a residue which will undergo a putrefactive change in the stagnant colon, and not only is the virulence of the Bacillus coil increased thereby and so the dangers of any wound infection augmented, but the patient must absorb a quantity of toxic products which will have an injurious influence on the progress of the case.

I can refer to no better example of this than the state of a woman three days after confinement, before the bowels have been opened, and those of you who have completed your externe work will bear witness to the miraculous effect wrought by a smart purge, a cathartic as it was usually called.

Again if this precaution has not been attended to, there is the danger of trouble being set up by the subsequent passage of scybalous masses, and although I am prepared to admit that in most cases this will produce a temporary inconvenience only, nevertheless in abdominal disease the consequences may be serious.

Take for example some operations upon the female pelvic organs, the ovaries have been removed, they were somewhat adherent to surrounding structures and a number of small ligatures have been applied to the various bleeding points. As always happens about the third day the hold of these silk threads becomes less firm, a purge is administered and scybalous masses are forced into the sigmoid and rectum, with the result that some of the ligatures get loosened or torn off and bleeding is restarted; in many instances this will not be serious but I heard of a case where such an accident led to a fatal termination.

There is also another side to this question and that is the possibility of wound infection from the alimentary tract. At present the contention that many cases of suppuration owe their origin to organisms present in the blood at the time of the operation is exceedingly difficult to prove, and we are apt to look upon it as a somewhat agreeable excuse for a wound that has gone wrong, without however much evidence upon which to base the assertion. The results that have been arrived at by various investigators of the bacteriology of the normal body have been so contradictory that I have little backing for the statement that I made, namely, that I firmly believe that organisms are present in the blood during apparent health, that those organisms reach the blood stream from the alimentary tract in the majority of instances and are capable of infecting a recent wound.

I would refer you to a very interesting case reported in the *Lancet* a few weeks back where there seems no room for doubt that the wound was infected in this manner.*

The actual drug that is to be employed is a matter of opinion and custom, and in some cases the choice may be left to the patient since although we may fully realise the value and efficacy of castor oil, it is only right to remember that it is an unpleasant drug to take, causing intense nausea in some people, while equally good results can be obtained with other less obnoxious medicines.

Calomel is by far the best purge for use before abdominal operations, as it is a good cholagogue and intestinal antiseptic, some patients however are very susceptible and small doses causes intense griping.

It is a peculiar fact known I expect to many of you that whereas 2-grns. of calomel will often purge and gripe, 5 to 10-g. will have an excellent cathartic action without as a rule producing any griping at all.

Enemata are to be employed as accessories to the purge in the form of simple soap and water injections, but in certain abdominal diseases such as acute appendicitis they must be employed with extreme caution. It is better in all cases where possible to purge the patient two days before the operation and to administer the enema the evening before, so that if Wednesday be the day fixed, catharsis should be induced by Tuesday morning, and on Tuesday night the bowels can be finally washed out without any risk of accident on the morrow; if there is any uneasiness on the morning of the operation and especially if it has been decided to operate in the afternoon, another enema may be given, but this should be at least four hours before the case goes to the theatre.

I shall not detain you with the question of preparation of the skin, since I may take it that all who have done their dressing are familiar with the principles, and provided the operation area is thoroughly cleansed, it does not seem to matter what particular form of compress or what special drug is used.

I would like to refer you to some work that Professor Wright has lately undertaken, in which he has shown that a most efficient way of sterilising the skin is to paint over it a solution of formalin and gelatine.

Experimentally it has been proved that the effect of elaborate preparations is often to excite the micro-organisms which are in the deeper epidermal layers to renewed vigour and to progressive emigration, and the production of a pustular eruption under the influence of a surgical dressing is no rarity.

The effect of this preparation of gelatine is to fix what micro-organisms there may be present, and to prevent their proliferation, and even to destroy them effectually since formalin has a very active bactericidal action while its effect on healthy tissues is less harmful than that of many antiseptics in common use.

The next object which we must have in view is to prevent undue hæmorrhage during the operation, and although it is obvious that the control of bleeding is largely in the hands of the operator and his assistant, nevertheless a great deal can be done by preliminary treatment to check its occurrence.

In cases of jaundice there is usually free bleeding, indeed this complication constitutes tho gravest danger of the operation, but a danger which we are able to reduce to a minimum by the employment of calcium chloride.

Especially the drug should be employed in doses of 15-20 grs. three times a day during the three or four days prior to the operation, and it is to be continued for a week or ten days subsequently.

We are indebted to Mr. Mayo Robson for this hint,

* See *Lancet*, Sept. 17th, Case reported by Dr. L. Wilkinson.

for he was, I believe, the first to point out that if the calcium chloride were suddenly dropped, bleeding was apt to recur, sometimes fatally, days after the operation had been successfully completed. The doses should be gradually diminished, and then discontinued.

Although the administration of this calcium chloride is mainly associated with hepatic and biliary operations, its scope of valuable activity is very wide, and we should not hesitate to employ it in any case where the bleeding promises to be severe. I can recall an instance of amputation through the hip joint where the patient hardly lost six ounces of blood, and where convalescence and cure progressed favourably and rapidly.

A few words of warning with regard to its too general application.

Calcium chloride has an exceedingly powerful action; it increases the coagulability of the blood both inside as well as outstde the body. Now the coagulation time varies enormously in different individuals—in some it is short, in others double the normal (about 7½ minutes). If calcium chloride is given to patients who have a high coagulation in the same quantity as to those whose coagulative power is slight, we may expect to meet with such accidents as Thrombosis. It seems that if we are to apply this valuable remedy in a scientific manner, some method should be adopted of estimating the coagulation time of the blood beforehand, so that we do not fall into the error of indiscriminate application.

To obviate the shock of a prolonged and serious operation we have many measures at our disposal. First the patient must be kept warm and well wrapped up, and the exposure of the body surface should be as slight as is compatible with the exigencies of the occasion, while any fluids used for the purpose of irrigation, etc., should be at or above the body temperature.

Second, we can employ injections of normal saline either per rectum subcutaneously or intravenously, and we should have no hesitation in making free use of these remedies in enfeebled subjects; we are, I think, somewhat inclined to look to these methods as restoratives after shock has occurred than as prophylactics before it has had a chance of supervening.

If preferred, Crede's solution of glucose may be substituted with advantage, and in those instances in which I have seen it given the results have been very satisfactory; it is a 5 per cent. solution of glucose, and it serves as a very efficient food for the tissues in debilitated patients.

Lastly, we can administer subcutaneous injections of strychnine in quantities up to 10 minims immediately before the operation commences, and although the subject is open to discussion, I consider the measure a very valuable one, and one which I have seen stave off a fatal shock in bad cases.

(The concluding portion of this paper will appear in the December number of the Gazette.)

Notes.

Early in December Dr. Cheadle will complete his term of office as Physician to the Hospital and will retire from the active staff. We hope to publish an account of his long connection with our Hospital in the next number. Meantime we hope that all St. Mary's men who can posssibly manage it will turn up at the general meeting of the Hospital and Medical School which the Dean is convening in the Library, on Friday, November 25th, at 4.30 p.m. The meeting is for the purpose of taking steps to present Dr. Cheadle with some testimonial in recognition of his long services and of the respect in which he is held by all St. Mary's students.

In next month's number we shall publish a short biography of Dr. Cheadle and a portrait.

Among the birthday honours this year appears the name of Shirley Murphy. He was lecturer on Public Health to the Hospital from 1886 to 1890. The work that he has done for the benefit of the public health of London has well deserved the honour of knighthood which has now been conferred on him.

The readers of the Hospital GAZETTE will, we feel sure, rejoice with the Committee who are responsible for the management of it at the steady progress it has shown in recent years. Last year we reached the acme of our success in the number of subscriptions. In the four years 1900 to 1904 the number of subscribers has almost been doubled. In a magazine with such a small field to draw upon as a Hospital Gazette must necessarily have, it is always a matter of anxiety to make both ends meet. Printing bills are not much greater for two thousand copies than for one thousand, and the greater the number of subscribers the easier would it be for us to introduce improvements. But at present we are not in a position to do so. We are entering on the fat years now, but we have yet to make good the gaps left by the earlier

lean years. In our efforts we hope to be seconded by all old members of the Hospital, who find in the Gazette a link to join them with their *alma mater*.

We have much pleasure in recording the appointment of another old St. Mary's student to the staff of an important London Hospital. Dr. James Collier, who has recently been appointed to the senior of the two vacancies at St. George's, caused by the retirement of Sir Isambard Owen and the death of Dr. Lee Dickinson is well known to many generations of students in the Hospital. One of the most distinguished students at a time when there were many of very high abilities, he has, since he qualified, more than justified the expectations which were formed of him, and the work he has done on diseases of the nervous system fully merited the distinction which he gained on being appointed to the staff of the National Hospital, Queen's Square. We heartily congratulate both Dr. Collier and St. George's Hospital on the election.

There is one notice which few of us ever have the gratification of reading about ourselves. That is an obituary notice. To read it in the best of health and whilst enjoying a good lunch must be a very special form of pleasure. We do not know the appropriate form of apology to make to a man whose death we have announced, but whatever it may be, we hope Mr. Cyril Thwaites will consider that we have made it. Like the American Humorist, he has cause for complaining that the reports of his death were grossly exaggerated. We regret we cannot take up the position of the editor, again a Yankee! from whom an apology was demanded for inserting a notice of the death of a prominent public man in an Eastern town. "No sir! we never apologise and we never retract a statement, but in your case, sir, we'll meet you half-way, and put you amongst the births to-morrow." We hope Thwaites will consider himself as having appeared amongst the births, and accept our congratulations on his vigorous growth and healthy appearance.

We have received from Dr. Kenneth W. Millican some copies of the *St. Louis Medical Review*. Dr. Millican has only recently taken over the editorial work of this review, after having been for several years Associate Editor of the *New York Medical Journal*. If we formed our opinion of American medical journalism on either of these two publications, we would consider it as being of a very high standard. The numbers before us contain much excellent reading in the body of the paper, and none of those objectionable advertisements which deform so many American papers, both lay and medical. We heartily congratulate both the *St. Louis Medical Review* and Dr. Millican on their becoming associated.

The entry of new full-course Students in the Medical School this year again shows an increase on the previous year. Last year we began with 42. This year the numbers are 44, and St. Mary's is now fourth on the list of London Hospitals, being only beaten by the London, Guy's, and Bart's. For this gratifying result one man more than all others has to be thanked. The self-denying way in which Dr. Caley has worked for the good of the Medical School, in season and out of season, during the years of his Deanship is known to and appreciated by many. But the full extent of his labour and self-sacrifice can only be realised by those who are a little behind the scenes in the working of the School.

The instructive letter from Classicus which we print in this number he himself would doubtless class as a rubefacient. We confess to qualms of conscience on reading it. How many prescriptions have we not perpetrated full of just such grammatical errors as he quotes, and salved our consciences by the thought that probably there was no one about to detect the howler, and yet all the time "Classicus" may have been quietly chuckling in the background. We shall "gang warily" in the future, and suspect every student of being "Classicus" in disguise.

The humourist of the Electrophone has gone to join the Bard at Hastings. The overpowering strain of the combined offices of sub-editor and office-boy has again proved too great, and the asylum at Hastings has engulphed another victim. There is nothing to leaven the serious gravity of the Editor-in-Chief. All the great humourists are departing. Leno is dead and now Miller has gone to Hastings. What further blow has fate in store for us? Or whom will providence send to us to replace the merry Miller or the rhythmic Rous? A poet we have unearthed but his poem is a sudden fountain upspringing in the night and is not drawn from the deep well that lies on Helicon. As a poet he is for time not for eternity. Surely amongst the numberless students of St Mary's there is to be found a poet or an humourist. Let him stand forth.

Not many years ago the R.A.M.C. Volunteers had quite a number of representatives in St. Mary's. At the present time these numbers have sadly fallen off, and yet there must be many men ultimately intending to go into the Services when they are qualified. To such the training they would receive in the ranks of the R.A.M.C. Volunteers would be invaluable. We have received a letter from Col. Matthews asking for recruits, and we would impress on all men in the earlier stages of their course, the importance of seriously considering his appeal.

The exhibition which Mr. Henry Wellcome, of Messrs. Burroughs & Wellcome, is organising promises to be of very considerable interest. It is hoped to make it illustrative of the early history of medicine, surgery, and pharmacy. The date of the exhibition has not yet been fixed, but when it is open we look forward to obtaining both amusement and instruction.

The honorary degree of Doctor of Science of the University of Leeds has been conferred on Sir Wm. Broadbent.

We understand that it is intended that part of the New Wing shall be in occupation very early in the New Year, and that the whole of it will be in use before very many months have passed.

There are great signs of activity in the football world. A second XI. and a second XV. have been started and are pursuing an energetic career. If the second XV. has not had an uninterrupted course of victories, it has, at least, in no way disgraced itself. In fact we hear talk of its challenging the first XV. With regularly playing second teams to keep up a supply of men to fill occasional vacancies, the lot of both captains should be happier this year than it has been of late years. We wish them all good luck and each of them a good team to face the ordeal of the Cup Ties.

An old chesnut but phœnix-like renewing its youth. A certain surgeon of repute in the Hospital had a new and somewhat inexperienced H.S. and a case of dislocated shoulder came in. The H.S. was told to reduce it and was preparing to do so by the heel in axilla method. The Surgeon gently whispered "Boots off first!" "Of course" said the H.S., "take your boots off, my man!"

We have received the notice of the Hospital Christian Union. We regret that it came to hand too late for insertion in the present number. The meetings arranged before Christmas are two in number, November 21st, when Dr. Handfield-Jones will deliver the address, and December 13th, with the Rev. R. E. Welsh as speaker. These meetings will be held in the Library at 5.15 p.m. We hope to publish the full programme next month.

We regret that considerations of space compel us to hold over several communications and all the Reviews till the next number.

Recent Appointments.

Lecturer on Chemistry.

GEORGE SENTER, B.Sc. (LOND.), D.Ph. (LEIPZIG).

Dr. George Senter, who has recently been appointed to the lectureship in chemistry, vacated by the resignation of Dr. Willcox, has had a distinguished career as a student, and one which should particularly well fit him for the work of teaching chemistry in a medical school. Commencing as a pharmaceutical chemist he has passed through all the stages of training until we find his most recent work is on that most difficult part of the subject known as bio-chemistry. In his list of teachers are included the distinguished names of Ramsay, Ostwald and Nernst, and from all of them he has won golden opinions. In his hands we feel sure the tradition of good work in the chemistry department is safe.

Obituary.

ACHILLE VINTRAS, M.D.

Physician-in-Chief to the French Hospital.

It is with deep regret that we have to announce the death of Dr. Vintras, which took place suddenly at Brighton, on Wednesday, the 9th of November. Dr. Vintras was one of the earliest students of St. Mary's Hospital Medical School and was an intimate friend of Mr. Spencer Smith, the first Dean of the School, and also of Mr. Gascoyen, who was Dean from 1860 to 1863. He always had a great regard for St. Mary's, and a keen interest in St. Mary's men. His greatest claim to remembrance, however, will always be the French Hospital, of which he was the founder, and his most valued title was the unofficial one of le Père de l'Hôpital. He gathered round him to assist him in his work a large group of the benevolent French and Swiss dwellers in London, and truly he guarded the interests and the welfare of the Hospital as it were the child of his heart. He was for many years Physician to the French Embassy in London, and was on intimate terms with the Ambassadors. His Excellency, M. Paul Cambon, in evidence of the respect in which he was held, personally attended the funeral services. Dr. Vintras was a man of the sweetest and kindliest disposition, and was loved by all who came into contact with him, whether as colleagues or as patients. His death will create a loss which will be long felt at the French Hospital and amongst his large circle of friends.

EDWARD SMITH CHILCOTT, L.R.C.P., M.R.C.S., L.S.A.

Dr. Chilcott, whose sudden death under very sad circumstances took place at Southampton on November 1st, entered St. Mary's Hospital in 1887. He qualified in the year 1894 as L.S.A., and in the following year took the Conjoint Board qualification. Very shortly afterwards he commenced practice at Woolston, where he remained till 1902, when he had to give up his public appointments and private practice on account of the state of his health. Since then he has travelled considerably, but the Phthisis from which he suffered made steady progress. When he died he was on his way to Madiera with his wife, in the hope that residence there might be of some benefit to him. They intended to sail on the 5th, but on the Nov. 1st his wife noticed that he was strangely excited, and in the evening he was found dead in bed. The sympathy of all his old friends at St. Mary's will be with his widow in her sad bereavement.

Correspondence.

PHARMACOPŒIC LATIN.

To the Editor, ST. MARY'S HOSPITAL GAZETTE.

SIR,

If the long-delayed birth of our New Hospital Pharmacopœia was a reproach to the mental obstetrics of our Authorities, no less is its Latinity a stain upon their scholarship. A casual notice of one or two errors led me to look carefully through it—a search which, among smaller items, revealed one or two such "howlers" as, in my younger days, would have inevitably brought down a more irritative "baculum" than those known to our pharmacopœia upon the gluteal region of the unhappy perpetrator! Of the smaller items some may be merely mis-prints. Such are:—"gelatin*æ*" as the nominative to "fiat" (p. 9), though of this I shall have more to say, and "Tinctur*a* Opii" for the genitive on p. 13. The "Benzon*ii*" of p. 30 obviously is a printer's error, as it is correctly spelt three lines higher.

One would be inclined to class with these the "Pilula Ergotœ cum Quinin*æ*" of p. 25, were it not for the innumerable times that one has heard the same enormity of a genitive after the preposition "cum" in the dictation of prescriptions to clerks or dressers. Here it is in cold-blooded print!

But supposing we put it on the broad shoulders of the over-trusted printer, will they also rightly bear the feminizing of "Saccharum" on p. 27, and the masculinizing of the third "Lotio" on p. 13? "Parasiticidus" is so classical-sounding a word that there is the less reason why its coiner should consider it indeclinable!

Now for the "howlers" (with visions of the Public School form of administering a counter irritant).

On p. 9 "virid*is*" is declined as if it were "virid*us*," and is given a genitive feminine "virid*æ*"!—the mere penning of the atrocity conjures up a vision of my revered "Head" making angry strides to the handy corner where in peace reposed the aforesaid "baculum," no longer "viride," but dry and tough enough to impress the coarsest-fibred gluteus maximus.

But what he would have said—and done—at the "Mellem" of p. 11, I find myself unable to imagine! One's first thought is that it is an incorrect reminiscence of some part of that troublesome irregular verb "malo," which means, in Latin Primer English, "I wish rather." On the whole, for the reputation of the Pharmacopœists (their glutei being no longer accessible to corrective stimuli), one rather wishes that

it were. But no; it is meant for the accusative of "mel"! In their attempt at "honeyed speech," our pharmacopœists have only too completely forgotten their "Primer" jingle—which has stuck in my porous head in a fashion that, alas! the unrhythmical tabulations of anatomical details distinctly decline to do—detailing, as it did, the only exceptions to the rule that "l" was a *neuter* termination of the 3rd declension:—

"Masculine in "l" are:—mugil,
Consul, sal, and sol, with pugil."

No "mel"! Or have they forgotten the simpler rule of the neutral identity of nominative, vocative, and *accusative?*

After such basely doctored honey as this, one is hardly surprised to find one or two things which are by no means readily construable. On the same honeyed page we read of "Linimentum Saponis Virid*is* (N.B. that the "virid*us*" of p. 9 has been now transformed to its true original). This ought to mean "Green-soap liniment"! True, "viridis" used of vegetable "extracts" means "fresh," but of course, only because such extracts are made while the vegetable matter is still "green." Surely, even in medical dog-Latin, it can hardly be applicable to a substance which never was naturally of that colour! Even then, one does not feel sure whether it is really the soap that is meant to be freshly prepared, or whether it is not the liniment—when "virid*e*" would be the right termination to a highly inappropriate adjective.

Again, on p. 29, there is the puzzling combination "Hydrargyri Ammonii Chloridi." Is this an attempt to render the term "Chlor-amide," with a result impossible in any sort of Latinity, or is there an omission of an intended "et" between the two components of the double chloride? As it stands, it defies translation.

On p. 24 we have "Extracti Aloes Socotr*um*," instead of the usual "Socotrin*æ*." Is "Socotrum" meant for "of the Socotrians," or is this only another failure to correct the erring printer? Now for a second attack on "gelatinœ" (p. 9.) "Gelatin*a*" was probably written, as it is in the heading above. But why? The usual Latin form is "gelatin*um*," "gelatin*a*" being the plural. That it is a feminine noun in French, in which Latin neuters were mostly changed to feminine, counts for nothing. The English form "gelat*in*" is inexplicable except as coming from a neuter "gelatin*um*"—the form in common use. There is no need to innovate a feminine "gelatin*a*."

After these greater eccentricities one is not surprised that the lesser rule is sometimes forgotten, that there cannot be two principal verbs to one clause, and that "misce" is on p. 6, not separated by so much as a comma or (better) a semicolon from the succeeding "fiat."

With that I lay down my "baculum." It is, I think, from many points of view a pity that we medicals must use—or rather abuse—an ancient tongue; for, at its best, the Latin that will suit our purposes can only be of a pronounced "canine" type. But if we must bow-wow in that language, we might surely take some pains not—at least in print—to descend to the grossnesses of a first-form schoolboy.

CLASSICUS.

Little Arthur.

A TRAGEDY.

By Longissimus Dorsi, with apologies to the other "fellow."

Little Arthur was a student,
Student of the art of Medicine
In the very early stages.
At Anatomy he started,
Was taught bones and nerves and muscles.
Was instructed to distinguish
'Twixt a mass of fat and fascia,
That an artery could convey blood
From the heart to distant organs.
He was shown a motor neuron,
And in diagrams of yellow,
Blue and white, and green and yellow,
His attention was directed
To the difference that existed
'Twixt the sensory and motor.
But in spite of books and teaching,
Spite of daily demonstrations,
Little Arthur still persisted
In a state of awful chaos.
As the days and weeks passed onward
Little Arthur made no progress;
Looked upon it as a nuisance,
That a man who wore such collars—
Such delightful three-inch collars—
With a bow of brightest scarlet
Tied in quite the latest fashion,
Should be bothered by such details.
He a man of skill at billiards,
Who could make a break of twenty,
And could play at bridge till morning,
Play at bridge throughout the whole night
For innumerable matches,
Counting fifty for a farthing,
Was removed from matters mundane,
Such as muscular attachments
And cutaneous distributions.
He believed indeed the thorax
Was a place wherein the heart lay;
Or it might be the abdomen,
In the greasy, wet abdomen
That he loathed to put his hand in.
'Twas a matter of indifference
To articulate the femur
With the bones which simple Nature—
Nature not so wise as he was—
Had provided for the hum'rus.
But in time an anxious father,
And a dean with eyes that see all—
Kindly eyes, but yet compelling—
Said the time is fast approaching
When attendance is desirous
At Victoria Embankment
Hall of all examinations;
Horrid, horrid, dull red building
Looking o'er the gloomy river—
River always much more gloomy,
Misty, gloomy, and depressing,
On the day of *viva voces.*

So our little Arthur laboured,
Laboured he for fully three weeks
Over books and bones and note books—
Books and note books not belonging
To himself, but to another—
To another foolish fellow
Who had passed the dreaded trial,
And believed that he no further
Had necessity to read them.
Now, in three weeks' time our hero,
Fully able to distinguish
'Twixt the skull bones and the carpus—
Carpus full of stupid small bones
Meant to irritate the student—
Was prepared to face the battle.
Thus upon the day appointed
Little Arthur journeyed eastward ;
Journeyed on a 'bus and entered
By a dark and narrow passage
At the side door of the building,
Building ugly red and horrid.
Then our little Arthur trembled
When he saw the printed paper ;
But he wrote, and scratched, and re-wrote—
Though of what it is no matter—
Till the small hand pointed fivewards.
With his heart full of rejoicing
At the vision of the small book,
Small and neatly-pinned exam. book
Filled almost to overflowing
With anatomy astounding,
Little Arthur greeted all those
Who enquired as to his progress,
Answered them with words as follows :—
" Floored the lot, old chap, 'twas splendid !
Splendid answers that I gave them,
Answered every bally question !
No, I did not put that point down,
But, of course, it does not matter,
One must always leave out something."
Then a dismal winter evening
Evening three or four days later,
Found our little Arthur cheerful
By examiners confronted,
Rude, inquisitive, and mocking.
Now they asked him of the structures
Which should normally proceed through
Through the large and wide foramen,
Called, he thought, Foramen Magnum ;
And he murmured the aorta,
Or perhaps it was the gullet.
Straight the men of questions started,
Started, looked at him and chuckled,
Chuckled long and in derision.
Then they asked him many posers
Of insertions of the muscles
And arterial relations,
Till our little Arthur's knees shook,
Till his stout heart sank within him ;
Till the beads of perspiration
Stood in rows upon his forehead ;
Till his lips and tongue were dried up ;
When the distant tinkling bell rang
Little Arthur thus departed.

* * * * * * *

Next they handed him a paper,
Paper pink, and with instructions,
That a year's retreat was needed
For a further course of study
In Anatomy departments.

* * * * * * *

Briefly let us tell the sequel,
Sequel sad and grief beladen,
How our little Arthur laboured ;
But was ploughed and spun and turned down,
Till at last, in desperation,
He deliberately plunged in
To the gloomy, misty river.

* * * * * * *

But alas for little Arthur,
In the worlds that lie beyond this
They enquired into his motives
For peculiar self-destruction.
And they spoke to him in this wise,
(List ye all and heed the moral),
Spoke with grief, but not with anger,
Spoke most sternly of his studies
Which he really had neglected
In a most indecent manner ;
That for those among the students
Whose anatomy was not known,
Whose anatomy was shocking,
There was made a little Hades
Made a quite select gehenna
Wherein he would dwell for all time.
And in sorrow and in anguish
He would ever ever labour
To dissect an unknown muscle—
Muscle never seen or heard of ;
Or to make a preparation
Showing muscular contraction
By electric stimulation
Of a nerve which was not motor—
Was not motor but cutaneous.
And a further task was set him,
That of passing nerves and vessels
Through impossible foramens*
While the ghosts of Thyroid bodies,
Spleens and kidneys whose existence
During life he had neglected,
Came and danced and sang before him,
Mocked and held him in derision
In his days of retribution.

* This is poetic licence, but it hardly demands apology in these days, when in anatomical Text-books we meet such examples as Meatuses.

St. Mary's Hospital Medical Society.

Meeting held October 12th, 1904. The President in the Chair.

Mr. B. H. SPILSBURY showed microscopical specimens.

Surg.-Gen. Keogh, C.B., read the paper of the evening, "Recent Advances in Army Medical Administration." The paper was discussed by Dr. A. E. Wright, the President, Dr. Salisbury Sharpe, Mr. W. H. Clayton-Greene.

Meeting held October 26th, 1904. The President in the Chair. 44 Members present.

Mr. V. Z. COPE showed microscopical specimens.

The President showed a case of a large fluctuating swelling extending for about three inches below the knee on the inner side of the leg, evidently a Baker's cyst.

Mr. W. H. Clayton-Greene read the paper of the evening, "Pre-operative Treatment," which was discussed by Msssrs. Low, Phippen, Maynard-Smith, Cope, Leslie Paton, Remington Hobbs.

Meeting held November 9th, 1904. The President in the Chair. 46 Members, 5 Visitors, present.

Dr. J. BROADBENT exhibited some microscopical specimens, showing amongst the rest actinonycosis and several forms of renal disease.

Mr. SPILSBURY showed a slide with tetanus bacilli.

Dr. GRAHAM LITTLE a microscopical preparation of keloid.

Dr. GRAHAM LITTLE showed two cases :—One of keloid in a girl æt 9 years, with extensive growths over the lower jaw, and on the left wrist ; the other a case of lupus erythematosus, which had existed for 20 years in an adult man, involving both cheeks, the nose, and upper lip.

The paper of the evening was read by Dr. A. E. Wright, his subject "Recent work on Tetanus." It is hoped to publish a résumé in a future number of the GAZETTE.

The paper was discussed by the following gentlemen :—The President, Mr. H. S. Collier, Dr. Graham Little, Mr. Clayton-Greene, Mr. H. H. Baker, Dr. Caley, Mr. H. S Hollis.

St. Mary's Hospital Football Clubs.

RUGBY.

ST. MARY'S HOSPITAL 2nd XV.

At a General Meeting of the R. F. C. the following Officers were elected :

A. Straton, *Captain.*
J. E. M. Boyd, *Vice-Captain.*
J. H. Meers, *Hon. Secretary.*

It has also been decided to have a 2nd XV. Cap.

ST. MARY'S 2nd XV. *v.* ST. BART'S HOSPITAL.

This, the first match of the season was played at Winchmore Hill on Wednesday, October 12th. Unfortunately our team did not deserve the high opinion they had undoubtedly formed of it, and was defeated by 8 goals 3 tries to nil.

Our Team :—F. W. Quirk, N. H. Gilbert, J. B. Webb, W. R. Taylor, H. L. Barker, J. E. L. Johnston, C. R. Peaty, A. Straton, J. H. Meers, J. E. M. Boyd. T. Evans, J. H. Burdett, C. T. Edmonds, A. H. Thomas, A. W. Duncan.

ST. MARY'S 2nd XV. *v.* SURBITON "A."

Played on Saturday, October 15th, at Surbiton. This, on the whole, was a decidedly level game. Neither team was up to its full strength. Our opponents scored very early in the game, the score at half-time being 8 pts.–0. After half-time we played more vigorously and a good run by T. Evans and A. Straton ended in the latter scoring and converting. After a determined tussle on our goal line our opponents again scored, but failed to convert. After this we carried the game into their twenty-five and a few minutes before time a throw-in from touch enabled J. H. Meers to score. A. Straton failed to convert so the score remained at 8 pts. to our opponents 11.

The Team was as follows :—G. D. Fergusson, R. S. Graham, J. B. Webb, N. H. Gilbert, A. H. Thomas, J. E. L. Johnston, T. E. Francis, A. Straton, J. E. M. Boyd, J. H. Meers, T. Evans, W. Cowardine, C. T. Edmunds, A. W. Duncan, A. Tyrell.

ST. MARY'S 2nd XV. *v.* ST. JOHN'S COLLEGE 2nd.

Played on Wednesday, October 19th, at Earlsfield. The game was rough and touch-lines unknown, our opponents winning by 19 pts.–0.

Our Team :—J. H. Burdett, N. H. Gilbert, R. S. Graham, W. Archer, A. Willis, H. D. Brown, C. R. Peaty, A. Straton, J. H. Meers, J. E. M. Boyd, T. Evans, C. T. Edmunds, T. E. Francis, A. Tyrrell, R. de V. King.

ST. MARY'S 2nd XV. *v.* ROYAL SCHOOL OF MINES.

Played on Wednesday, October 26th, on our ground. This resulted in a win for our opponents by 6 pts.–0. The game was very even and there was no scoring before half-time.

Our Team :—J. H. Burdett, N. H. Gilbert, F. W. Quirk, A. H. Thomas, H. L. Barker, T. E. Francis, C. R. Peaty, A. Straton, J. E. M. Boyd, J. H. Meers, H. E. Finlaison, T. Evans, J. B. Webb, R. S. Graham, A. W. Duncan.

ST. MARY'S 2nd XV. *v.* OLD BLUES "B."

Played on Saturday, October 29th, on our ground. This resulted in a win for the Hospital by 6 pts.-3. Our opponents started playing with the wind and scored in the first quarter of an hour, but failed to convert. After this the game became more even and at half-time neither side had scored further. We then played with the wind and after one or two touchdowns a try was scored by C. R. Peaty, but was not converted. After several determined rushes N. H. Gilbert succeeded in scoring behind their goal, but A. Straton unfortunately failed to convert. Our backs were always more energetic and better than theirs, the forwards being fairly equal. It was a dribbling game throughout.

Our Team was as follows :—G. D. Fergusson, N. H. Gilbert, Buckby, A. H. Thomas, J. H. Burdett, R. S. Graham, C. R. Peaty, A. Straton, J. E. M. Boyd, J. H. Meers, E. J. Dicks. A. W. Duncan, R. de V. King, S. R. Wall, H. F. Cowdroy.

ST. MARY'S *v.* ROYAL VETERINARY COLLEGE.

This match was played at Wood Lane, on November 9th, and resulted in the defeat of the Hospital by 1 dropped goal 2 tries to nil. We were without

Louwrens, who was playing for Middlesex, Freeman Phillips, our Vice-Captain, who seems to turn out at very long intervals, so that our team was not at all representative. Mary's won the toss and the College kicked off against the wind and sun. The Hospital forwards were very ragged and the outsides showed no combination at all. The College three-quarters soon got going, at several times pressed us hard, but by good tackling on the part of Quirk, who, by the bye, has greatly improved since last season, a score was averted and half-time arrived with the score sheet blank. In the second half the forwards played better and several times pressed and had the outsides been up to form Mary's ought so have scored at least twice. After some loose play the College got the ball and the three-quarters passing well, the wing man scored a try which was not converted. Shortly after they again scored and in this case also the kick at goal was abortive. Just before the end their full back dropped a splendid goal, and the whistle sounded, leaving the Vet. College victorious.

For the Hospital Quirk was distinctly the best outside, his kicking being a great improvement on last year.

ST. MARY'S *v.* CIVIL SERVICE.

Played at Wood Lane, on November 12th. The Hospital were again without their Vice-Captain. In the first half the Hospital forwards, although better than the previous Wednesday, were still somewhat ragged. On the whole there was not much to choose between the two teams and had we had our proper halves things might have been different. As it was the Civil Service scored twice in the first half, one try was converted, and the teams crossed over with the score 1 goal 1 try in favour of the Civil Service. In the second half the forwards were much better, packing well and getting the ball repeatedly, and once or twice were within an ace of scoring, The Service scored twice somewhat luckily and one try was converted. Mary's had hard luck in losing the services of Johnston, who was injured and had to retire. Wilson came out of the scrum and so for nearly the whole of the second half Mary's played 7 men in the scrum.

For the Hospital Louwrens played his usual good game, and of the forwards Hawkins and Bryden were quite the best.

The game ended with the score—Civil Service 2 goals 2 tries, St. Mary's nil.

ASSOCIATION.

ST. MARY'S *v.* ROYAL VETERINARY COLLEGE.

The above match was played on our ground, and resulted in a defeat for us by 5 goals to 1.

In the first half, the superior combination of the Vets. was responsible for four goals. In the second half each side scored once, the Hospital through a fine header by Bennett. For the Hospital Willis played a great game at centre half. The Vets. running out winners as stated above.

ST. MARY'S *v.* ALDENHAM SCHOOL.

Played at Aldenham. The Hospital were minus the services of Taylor at centre forward. His absence was much felt, necessitating a rearrangement of the forward line.

In the first half, play was fairly equal, the School scoring one goal to our nil. But in the second half—playing full time—the training of the schoolboys told, and they put on 4 goals in the last twenty minutes. G. V. Hobbs, with a good shot from outside left, scored for the Hospital just before time. No further scoring resulted, the School thus winning by 5 goals to 1.

ST. MARY'S *v.* NORMANHURST DRUIDS.

The above match was played on our ground, and resulted in a win for the Hospital by 3 goals to 1.

Willis won the toss, and elected to play with the wind.

The Hospital made good use of the opportunity, scoring 3 goals. The Druids also scored once. On crossing over we played on the defensive, and the Druids were unable to reduce our lead by more than one, the Hospital thus winning by the scores stated. Goals for the Hospital were scored by F. W. Hobbs, Willis, and Archer.

ST. MARY'S *v.* EASTBOURNE.

Played at Eastbourne in a drizzling rain, which prevented accurate play of any kind. One of our backs being unable to get away, B. W. Gonin turned out for the Hospital at a day's notice.

The exchanges in the first half were very even, marked chiefly by brilliant runs down the wing by Neagle, sound mid field play by Willis, and astonishing saves by Ollerhead in goal, who was frequently cheered by the crowd. At half-time neither side had scored. Shortly after starting again, Neagle running right through the defence, scored a splendid individual goal. About twenty minutes afterwards Eastbourne equalized, and then put themselves ahead from a penalty. Before time, Eastbourne found the net twice more, but both were offside. Eastbourne thus winning a keenly-contested game. A. W. Bevis put in some splendid work at back.

ST. MARY'S 2ND XI. *v.* HUNTINGDON HOUSE SCHOOL.

Played at Teddington, and resulted in a win for the Hospital by 3 goals to 1, a very encouraging start for the recently-revived 2nd XI., several promising players being unearthed.

Appointments.

ARGLES, E. E., L.R.C.P., M.R.C.S., has been appointed House Surgeon to the Hospital for Sick Children, Great Ormond Street, W.C.

ASH, E. L., L.R.C.P., M.R.C.S., has been appointed House Physician to Dr. Sidney Phillips.

COLLIER, J. S., M.D., B.Sc.Lond., F.R.C.P., has been appointed Physician to the Out-Patients, St. George's Hospital.

DRAPES, T. L., L.R.C.P., M.R.C.S., has been appointed Junior Obstetric Officer to the Hospital.

GOYDER, F. W., B.C.Camb., L.R.C.P., M.R.C.S., has been appointed House Surgeon to Mr. Herbert Page.

MILLER, R. H., L.R.C.P., M.R.C.S., has been appointed House Surgeon to the East Sussex Hospital, Hastings.

VINTER, S. G., L.R.C.P., M.R.C.S., L.S.A., has been appointed Medical Officer and Public Vaccinator for the Blackpool South District.

SENTER, G., Ph.D. (Leipzig), B.Sc.Lond., has been appointed Lecturer on Chemistry to the Medical School.

ST. JOHN, WINSTON ST. A., L.RC.P., M.R.C.S., has been appointed Hon. Surgeon to the Derbyshire Hospital for Sick Children.

Pass Lists.

UNIVERSITY OF CAMBRIDGE.

DEGREE OF M.B.

R. H. ROBBINS, B.C., L.R.C.P., M.R.C.S.

DEGREE OF B.C.

C. F. PRIDHAM, L.R.C.P., M.R.C.S.

UNIVERSITY OF DURHAM.

FIRST EXAMINATION.

Chemistry and Physics—F. H. Fawkes, A. H. L. Thomas.

UNIVERSITY OF EDINBURGH.

ROYAL COLLEGE OF SURGEONS.

FINAL F.R.C.S.

HAROLD DYER, L.R.C.P., M.R.C.S.
Captain E. M. ILLINGTON, I.M.S., L.R.C.P., M.R.C.S.
A. J. H. SAW, M.D., B.C.Camb.
Captain F. W. SUMNER, I.M.S., M.B., B.C.Camb.

CONJOINT BOARD.

FIRST EXAMINATION.

Chemistry—S. D. Adam, R. B. Adams, R. H. S. Marshall, D. M. Stone.
Practical Pharmacy—R. A. Bryden, G. D. G. Fergusson, W. S. Mitchell, R. G. Newton.
Elementary Biology—A. K. Glen, R. J. Wooster, F. M. Harvey.

SECOND EXAMINATION.

Anatomy and Physiology—R. A. Hobbs, A. G. Wells.

FINAL EXAMINATION.

Midwifery:—H. Bevis, J. Freeman, A. E. G. Fraser, H. E. Kitchen, W. Parry Morgan, H. Mulkern, B. H. Spilsbury, A. S. Webley.
Surgery:—H. E. Barrett, C. L. Isaac, W. Lovell, W. Parry Morgan, H. G. Sievwright.
Medicine:—G. J. Evans, A. R. Finn, C. L. Isaac, J. Macarthur, R. H. Miller, W. Parry Morgan.
L.R.C.P., M.R.C.S.:—H. E. Barrett, G. J. Evans, A. R. Finn, C. L. Isaac, J. Macarthur, W. Parry Morgan, R. H. Miller, H. G. Sievwright.

The Services.

ROYAL ARMY MEDICAL CORPS.

Lieut.-Col. N. MANDERS, L.R.C.P., M.R.C.S., has changed Station from Salisbury Plain to Mauritius.

Major S. G. ALLEN, L.R.C.P., M.R.C.S., has changed Station from Woolwich to Punjab.

PROMOTION.

Major N. MANDERS, L.R.C.P., M.R.C.S., has been promoted to Lieutenant-Colonel (dated August 2nd, 1904).

ROYAL NAVY MEDICAL SERVICE.

ENTRANCE EXAMINATION.

J. D. KEIR (15th).

PROMOTION.

Surgeon R. T. GILMOUR, L.S.A., has been promoted to Staff Surgeon (dated May 16th, 1902). His first Commission was May 16th, 1894.

Surgeon J. H. LIGHTFOOT, L.R.C.P., M.R.C.S., has been appointed to H.M.S. "Vivid."

Staff-Surgeon T. E. HONEY, M.D.Durh., L.R.C.P., M.R.C.S., has been placed on the Retired List (dated Oct. 26th, 1904).

Change of Address.

BATLEY, A. BROOK, L.R.C.P., M.R.C.S., 8, High Street, Christchurch, Hants.

BELILIOS, D. A., L.R.C.P., M.R.C.S., 109, Queen's Road, Wimbledon.

BREWER, H. J., L.R.C.P., M R.C.S., 2, Fairholt Road, Stoke Newington, N.

HENTON, A. E., L.S.A., 5, Aberdeen Place, W.

TAYLER, H. C., L.R.C.P., M.R.C.S., 143, Margaret Street, Bradford-on-Avon, Wilts.

WHITCOMBE, P. P., M.B.Lond., L.R.C.P., M.R.C.S., 69, Queen's Gate, Kensington, S.W.

Announcements.

BIRTH.

STRATON.—At Landour, India, on October 16th, 1904, the wife of Captain C. H. Straton, R.A.M.C., L.R.C.P., M.R.C.S., of a son.

MARRIAGE.

BISHOP—SEPHTON.—On May 12th, 1904, at Zeerust, Cape Colony, D. W. Bishop, J.P., L.R.C.P., M.R.C.S., son of the late Edgar W. Bishop, of Highwood, N.W., to Alice Mabel Sephton, only child of J. Sephton, Esq., of Zeerust, Cape Colony.

DEATH.

CHILCOTT.—On November 1st, at Highfield Mansions, Southampton, Edward Smith Chilcott, L.R.C.P., M.R.C.S., L.S.A., aged 43.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. X.—No. 10. **DECEMBER, 1904.** **Price 6d.**

Editorial.

1866—1904.

For more than thirty-eight years Dr. Cheadle has been closely connected with St. Mary's Hospital and Medical School. Now, when he has retired from the active staff, we find it difficult to express the deep and affectionate impression that his long devotion to the welfare of the Hospital and all connected with it has made on the many generations of students who have passed through its wards. We are thankful that older and abler hands have undertaken the task of writing from more intimate knowledge a fuller appreciation than we of a younger generation would have been capable of. This has left for us the shorter task of recording simply a personal impression. The characteristics of an older school of physicians, a dignified courtesy and reserve, but a courtesy never spoiled by condescension and a reserve which did not hide the innate kindliness of heart, were his in a marked degree. An absolute straightforwardness showed itself no less in his intellectual work than in his personal dealings. But while it may be said that his manner was that of an older and more stately generation, his intellect was modern, and his medical knowledge more than modern. He possessed what we, for lack of any fuller definition, must call the clinical instinct, the instinct which enables a man to separate out the essential from the non-essential and the exceptional from the commonplace. It was this instinct which led him, in conjunction with Sir Thomas Barlow, to the identification of Infantile Scurvy as a distinct disease. Before all things he was a clinician, a man whose knowledge was available at the bedside, and many a St. Mary's man has found the value of his clinical lectures when brought face to face with practical difficulties.

We of the younger generations only know his teaching through these occasional clinical lectures, but we can form some conception from them how valuable his teaching and influence must have been in the days when he was responsible for the ordinary lecture course, and we have only to talk for a very short time to any student of the seventies or eighties to have this conception verified.

We all know in what a practical manner he has shown his interest in the Medical School and students. The Gold Medal, for which he gave an endowment of close on a thousand pounds several years ago, will remain as a permanent memorial of this interest. But that is only one of the many examples which could be cited of his keen desire to benefit the men of his loved Hospital. Though he retires from active participation in the work, we hope that for many years to come the name of Dr. Cheadle as Consulting Physician will add lustre to St. Mary's.

Pre-operative Treatment.

W. H. CLAYTON-GREENE, M.B., F.R.C.S.*

PART II.

HEAD CASES.

WE are usually concerned with two classes of these cases, the emergency fracture and the tumour or abscess which allow more leisure in diagnosis and treatment.

With regard to the fracture it may be simple or compound, in the latter we have no option but to proceed at once with the operative treatment which may be required, but if there is no open wound and the symptoms are not urgent, it will be wise to postpone operation until the head has been carefully cleansed. I am certain that this is a point of the utmost importance, especially in hospital practice, where the state of the head is often such that there is grave risk of wound infection from the septic scalp.

In all cases where there is no immediate demand for operative proceedings, but where there is a prospect of their ultimate employment, the whole head should be shaved and due efforts made with lotions and compresses to promote asepsis some days before the operation is actually undertaken. The ordinary wash shave and brush up which are often rushed through at the last minute are I consider entirely inadequate to the needs of the case.

As regards the second group, where there is no demand for speed, the same precautions hold good, and it is wise to commence preparations of the scalp some days beforehand, and not to trust to the ordinary shaving upon the table. Not only is this early shaving of the whole head necessary from the point of view of preventing sepsis but it has the additional value that it will often permit of a more complete examination being made, and in some cases will assist in the elucidation of some difficult problem in diagnosis.

Morphia has been recommended by many authorities on the ground that it produces Vaso-constriction, lessens the bleeding and diminishes shock.

The next series which I have to deal with, forms a very common and important group of cases namely mouth and tongue operations. I propose to take as my type epitheloma linguæ, and most of the suggestions that I shall make are applicable to other operations in this region.

In the preparation of these patients I am of opinion that the mouth should be very thoroughly cleaned, and that all teeth which are in the least degree carious should be extracted and the tartar removed from any that are left. I may be somewhat ruthless in my designs but I am convinced that the sacrifice of all doubtful stumps is for the patient's ultimate benefit.

The mouth must be washed out freely several times a day with alternate solutions of sodium bicarbonate, and weak carbolic acid, there is no special virtue in the carbolic but the bicarbonate is very serviceable in dissolving the mucus which collect in the various crevices.

The remaining teeth are to be thoroughly brushed night and morning and in many cases I regret to say it is necessary to see that this is actually done. I would suggest that a week ought to be spent in this process, and although it may seem excessive I do not hold that opinion myself, and I believe that such treatment will tend materially to lessen the risks of the operation.

Apart from the more immediate danger of asphyxia due to falling back of the tongue, the gravest complications in the after treatment are septic pneumonia and secondary hæmorrhage. This latter is rarely severe and can be satisfactorily dealt with, but the pneumonia is of very serious import, it is responsible for the death in a large number of cases and little can be done for it when it has supervened.

Now although it may not be possible to make the oral cavity aseptic it is obvious that the more organisms there are the greater will the freedom with which they will proliferate, since after removal of the whole or part of the tongue conditions are singularly favourable for the growth of bacteria, and unless extreme care is exercised in the nursing of the patient the wound will become foul and sloughy, and with every inspiration there is the risk of organisms being carried down into the pulmonary alveoli. I can look back on two fatal cases where I feel sure that the issue was mainly induced by the presence of many carious teeth in a state of pyorrhœa alveolaris.

ABDOMINAL CASES.

I am here, of course, mainly confining myself to operations which are not emergencies, as many of the details which I shall bring to notice are out of place in sudden abdominal crises.

In operations which involve opening the stomach it is advisable to wash that organ out twice a day for three or four days before the operation, and, as in the case of the mouth a solution of bicarbonate will be found of great value for removing the clinging mucus.

It is better not to repeat this practice on the day of operation as it has the effect of stimulating secretion and so the stomach gets filled with its own products.

During the time of preparation, which should be about a week, the patient should be fed on assimilable foods, beef extracts, peptones, etc., carefully prepared milk foods and sterilised peptonised milk. I think it is necessary as far as possible to see that no organisms reach the stomach in the food.

As to the merits of intestinal antiseptics there appears to be some difference of opinion among surgeons. If by giving salol B. napthol, and other drugs we can render the intestine unsuitable to bacterial development, although we may not be able to effect their complete elimination, it is clear that by inhibiting the activity of their growth we shall diminish their virulence, their numbers, and so the risk of infection to a certain extent, and we must be content to try these methods for the present until we are able to discover some improvements. Because we are unable to obtain a perfect result we have no reason for giving up the struggle, and for omitting a precautionary measure which is so clearly in the right direction.

* Delivered before the St. Mary's Hospital Medical Society, on Wednesday, October 26th, 1904.

I would suggest to you therefore that in all cases of severe abdominal operation, whether the intestine is likely to be wounded or not, the preliminary administration of some intestinal antiseptic is desirable.

I make a special point of these cases where the intestine is not interfered with, since the danger of infection here is often overlooked, I refer to operations such as those on the female pelvic organs.

It is generally agreed that the bacillus coli needs little encouragement to leave its normal habitat and infect any collection of blood or serum that happens to be in the neighbourhood, and although by free purging and drainage intraperitoneal suppuration can be prevented in the majority of instances, I feel that the adoption of a course of treatment such as I have outlined will render our position still more secure.

There is another very important line of treatment to be considered, I refer to the question of immunisation, of increasing the resistance of the peritoneum against the invading micro-organism.

This valuable innovation we owe to the energy of the bacteriologist, and just as in other branches of medicine he has assisted us materially in grappling with disease, so his discovery here will I believe have a profound influence upon abdominal surgery of the future.

As you know it is often impossible to prevent some peritoneal contamination during the course of a complicated abdominal operation, and as I have suggested above such contamination may owe its origin to the state of the patient's tissues rather than to any avoidable manipulation of the surgeon, so that if we are able to adopt some preliminary treatment which will practically insure that such contamination will in all cases be innocuous, our gain will be enormous.

Serum therapy has not maintained its position in this field of medicine as in others, as we have to deal with infections differing both in nature and virulence, and up to the present time specific toxins and antitoxins have only been isolated from a small number of bacteria, none of which appear to play an important part in peritoneal inflammation.

It is difficult to raise the resistance of a patient to a coli infection specifically, and moreover it is a process which demands a lenghty period for its production. During the time occupied by the process there are developed phases of negative immunity when the strength of the individual is considerably lowered preparatory to a marked but somewhat transient rise in the power of resistance.

This negative phase constitutes a real danger for if an operation be undertaken during its presence a disaster will be the probable result, so that we should require the constant supervision of a skilled bacteriologist in all abdominal cases, which is more than we can expect to obtain at present.

On the other hand it has recently been shown that by the injection of certain substances into the blood, and of others into the peritoneal cavity, a leucocytosis is produced and the resistance of the patient appreciably raised. These substances are neither difficult to procure or in any way harmful to employ, the one in nucleic acid, the other is normal saline solution. The credit of bringing much of this treatment to our notice belongs to Professor Mickulicz-Radecki, of the University of Breslau, who after a considerable experience comes to the following conclusions:—A 2 per cent. solution of neutralised nucleic acid was found to be the most efficacious in producing hyperleucocytosis. This was injected in man subcutaneously, in quantities of 50 c.c., and in no case was any serious local or general manifestation observed. In all, fifty-eight cases were thus injected, fifty-five of which were operations upon abdominal viscera and three of extra-abdominal disease. The only sign of reaction was a slight rise of temperature during the first few hours after the injection. As far as results are concerned, the number of cases treated in this manner is admittedly small, but in forty-five laparotomies in which the peritoneum was exposed to infection from the contents of the stomach or intestines, seven only were fatal, and in none of these was post-operative peritonitis the cause of death. The operations were undertaken on the "rising tide of leucocytosis," which attains its maximum in man about ten or twelve hours after the preventive injection. Solutions of normal saline appear also to have the power of increasing the resistance of the peritoneum to B. coli infection, hence the practice adopted by many operating surgeons of irrigating the peritoneal cavity with this fluid after laparotomy would seem to be based upon scientific principles.

These results clearly show us what benefit is to be obtained from this treatment. It is towards this side of the operation that experimental work should be directed.

Before leaving this part of my paper I would like to remind you of the value of two details of preliminary treatment in urgent cases of abdominal disease. I refer more particularly to intestinal obstruction and general peritonitis.

In these cases where the patient has to be transported some distance before an operation can be performed I am convinced that the administration of a small dose of morphia will diminish the shock of the journey.

I do not want to be misunderstood on this point for I know the danger there is in employing and advising the employment of this drug, and I wish the conditions to be clearly defined, namely, that the necessity for immediate operation has been recognised, that details of such treatment be sent with the patient where the practitioner cannot attend himself, and that there is a journey of some length to be undertaken.

The second detail consists in washing the stomach out before the patient is anæsthetised, where there is constant vomiting of offensive matters, for one of the great dangers of operating in these cases is that the patient may drown himself with his vomit during the induction of anæsthesia, an accident which I have seen.

This washing out of the stomach besides protecting the patient from immediate death removes a quantity of foul fluid from the alimentary canal, and so is efficacious in controlling the sickness after the operation, as well as in diminishing the risk of coli septicæmia.

RECTAL OPERATIONS.

Much that has already been said will apply to this group, and I shall confine myself to a brief discussion upon the preparation of cases for complete excision.

I would urge that the present method of preparing these patients is unsatisfactory, and that it is responsible for the bad results and prolonged convalescence which follow on operation.

It is not sufficient to administer a purge a day or so beforehand and to conclude that the bowel has been properly emptied, nor to give an enema on the morning of the operation and imagine that the rectum has been cleansed. In many of these patients there is a considerable amount of obstruction not enough perhaps to give rise to distinct symptoms but sufficient to prevent the bowels acting freely, and I have seen cases where it was believed that the bowels had been thoroughly emptied and yet 48 hours after the operation they were acting copiously.

We have not only to administer a purge in this complaint but to see that it acts.

Petersen has shown that the worst accident that can occur during the after treatment of cases of excision of the rectum, is an attack of diarrhœa, and this is frequently a sequel to the preparation as practised in many of our hospitals. If diarrhœa be present the virulence of the bacillus coli is increased and fæcal matter can then penetrate into the various crevices of the wound before any protective adhesions or granulations have had time to form.

Among many continental surgeons who have had a large experience of rectal operations it has become customary to prepare cases as follows:—Some 8 or 10 days before the date fixed for operating the patient is admitted and is thoroughly purged, a process which extends over three days, after which the bowels are kept at rest by the administration of bismuth and opium, before and for several days after the completion of the operation.

During this time the patient is fed on such food as will leave a minimal amount of residue and at the same time have a maximal stimulating effect, such as strong meat extracts, raw meat juice and peptonised milk. Each morning the rectum is well washed out with a solution of permanganate of potash and an ointment of ammoniated mercury is applied to the anal region.

With some slight modifications we may I think accept this as the best form of pre-operative treatment in rectal diseeases, and the modifications which I suggest to you are that the preparation should start 6 days beforehand, that the bowels should be kept open for three days, that bismuth and opium should be given 48 hours before the operation and continued for three days after, that salol and other drugs of like nature be administered by the mouth, and that the rectum should be washed, night and morning, with a solution of formalin.

With reference to the practice of keeping the bowels confined for several days after operation it has been said that there is always additional trouble in getting the bowels to act owing to the formation of scybalous masses in the large intestine, but experience shows that such is not the case. If the intestine has been thoroughly emptied and if the diet has been one which leaves little residue, there is no fear of any trouble, and I believe that it will become practicable to confine the bowels in these cases until primary healing has taken place.

Under the head of operations on the genito. urinary tract I deal with a comprehensive group, for I include in it stricture, calculus, and growths of the kidney and bladder.

We may assume that in the majority of the patients suffering from these complaints the function of the kidneys is to a large extent impaired, that these organs have no reserve force with which to meet the demands of a serious operation. There can be no doubt that the simplest operative procedure, even the administration of an anæsthetic, makes demands upon the tissues of the body; there is for a time an interference with the processes of metabolism, and unless the tissues especially those of the kidney are healthy they will be found unable to withstand the strain.

It is no unusual occurrence for a patient who has been through an operation for the crushing of a stone or the dilating of a stricture to succumb suddenly a few days afterwards from what we are pleased to term suppression of urine or catheter fever. We have another name for this condition, Surgical kidney, but I do not think that any real or practical value can be attached to these unmeaning terms.

The true state of affairs is that the kidneys are diseased, we may call it surgical kidney or what we will, but we must bear in mind that these organs have very little power left of carrying off the metabolic products of the body, and in the event of any sudden shock any extra strain such as may be brought about by a surgical operation, complete suppression of function may supervene.

In some instances where I have had an opportunity of examining the kidneys after death, there has been evidence of an acute inflammatory change on the top of a chronic degenerative process, and it is only by the most rigid and careful preparation that these organs can be fitted to withstand the demands that will be made upon them.

The patient should be confined to his bed or house for five or six days previous to any severe operation, he should be warned to avoid draughts and undue exertion, and should be warmly clad.

The diet should be sparing. Meat, and generally, stimulants, should be restricted, while milk should form the chief constituent on the diet sheet.

The skin must be made to act by warm baths, and friction, since by encouraging the eliminating powers of the skin the kidneys are relieved of a considerable amount of work. The patient should drink freely of barley water, lemonade, soda-water and other liquids described as bland, as they have the effect of washing out the renal tubules, the debris of epithelium and albumin in the same manner as a shower of rain flushes out the sewers of a city.

Two drugs are of value in septic states of the tract, urotropin or its substitutes and quinine, and if in spite of the other measures taken the renal excretion is still deficient, digitalis and strychnine will afford valuable assistance.

Notes.

The event of the last month at St. Mary's has been the retirement of Dr. Cheadle from the active staff. No other member of the staff has served so long, and none more faithfully. He has given the best years of his life freely to the work of St. Mary's, and in his retirement he carries with him the good wishes of us all for many years of good health and continued distinction in the greater world of medicine.

His last visit to the wards took place on Thursday, December the 1st, and a very large body of students accompanied him round the wards. Dr. Cheadle himself has asked us to say how deeply he felt the friendliness implied in this act, and to express his thanks and warm appreciation for the kindly feeling and goodwill shewn him on that occasion.

We print elsewhere an account of Dr. Cheadle, written by one who in recent years has been closely associated with him. We are sure no words of ours are necessary to recommend the presentation which it is proposed to make to Dr. Cheadle. An account of the meeting held in the Library will be found elsewhere in our columns, and fuller details as to the subscription and other matters will be published in due course. But we feel sure that most old students will be only too glad of an opportunity of giving Dr. Cheadle some material token of the respect and esteem with which he is universally regarded.

The vacancy in the Senior Staff caused by this retirement has been filled by the promotion of Dr. Luff. To most of us the work Dr. Luff has done in medicine and chemistry, especially on the subject of Gout, is well known. The distinguished position he holds in the Home Office as referee in all serious cases is also well known, but the amount of work which he has done for the Hospital School on the various Committees has been no less arduous and no less valuable for the welfare of the Hospital. The multifarious claims on his time made by a large amount of private work have never been allowed to interfere with the rigid performance of the many duties which an active participation in the governing of a hospital requires. We cordially hope that Dr. Luff may long be able to maintain that active share in the burden of hospital work which he has so well borne.

We understand that the election of the new Physician to the Out-Patients will not take place until the latter part of January.

Dr. Stamford Felce, who has been an active member of the Board of Management for thirty-six years, resigned his seat in October. Dr. Felce was a student at St. Mary's in the very early days of the Medical School, and through all his subsequent career he has been a most active worker for the good of the Hospital. It is only a right recognition of his long service, that now when he has resigned, the Board should have elected him a Vice-President.

We must express our deep sympathy with Dr. Caley in his recent serious accident. It is specially unfortunate for him (and the hospital) that it should have happened at such a busy time in the year, and that it should have been his right arm which he managed to injure. We are glad to know that he is getting over it so well, and that we may expect to see him back at work again in a very short time.

The important appointment of Medical Officer in charge of the X-Ray department has been given to Dr. Allpress Simmons. Dr. Simmons is an old St. Mary's man who had a very distinguished career as a student and who was afterwards House Physician to Dr. Lees. He has for some years past devoted much time to X-Ray work and can be trusted to organise a department at St. Mary's which will be equal to any in London.

We heard lately from H. M. Wilson, better known, perhaps, as "Smiler." He is

located at Napier as Resident Medical Officer in the hospital of that town.

We should like to call the attention o any, or all, of our wealthy readers to the claims of the British Medical Benevolent Fund. This fund is only used for the benefit of the absolutely necessitous, and no widow nor orphan whose income is over £30 a year receives any benefit from it. Despite this fact and the absolute poverty that it indicates, there are far more claims on the fund than it can possibly meet. Sir William Broadbent is the President and Dr. Caley is one of the local Secretaries. To either of these contributions should be sent.

Another institution which is so sorely in need of funds may possibly seem to our readers to have even a greater claim on their generosity. That is St. Mary's Hospital itself. There is a deficit of nearly £10,000 on last year's working and in addition to that £50,000 is required to furnish the New Wing and carry out the structural alterations which are required in the Old Wing of the Hospital. If you are not wealthy yourselves you may have patients or friends who are. And a word in season is often like the seed which falls on a good ground and springs up and bears an hundredfold.

Dr. R. H. Steen, who has been for some years Senior Assistant at the West Sussex County Asylum, Chichester, has recently been appointed Medical Superintendent of the City of London Asylum, at Dartford.

We understand that the Residents, encouraged by their conspicuous success last year in their presentation of "Dandy Dick," have this year chosen Pinero's play "The Magistrate." If they maintain last year's level, we are sure that the play will be well worth a visit.

Already there are signs of the forthcoming festive season in the Out-Patients' Hall. The stage is in position, and the notices are up that the Out-Patient department will be closed on the 29th and 30th. Here's good luck to them all; and may the ladies be as beautiful and the hero as fascinating and the villain as villainous as in former years.

A recent number of "Our Hospitals and Charities" denotes a large portion of its space to an admirably illustrated article on St. Mary's. The illustrations include one of the Out-patients' Hall, and one of the Theatre, as well as three wards, Manver's, Children's Medical, and Foresters.

At a recent examination in Physiology one of the candidates was shewn a slide with frog's blood as one of his specimens in the *viva*. On his way out he confided this amongst other information to an entering candidate. Meantime, the examiner had pricked his own finger and changed the frog's blood for a specimen of his own. The second candidate blundered his way through several questions and at last came to the microscopes. Looking down the first, a gleam of pleasure struck his quaking heart, "That's blood, sir," he said. "Yes," said the examiner, "What kind of blood." Not desiring to seem too cocksure, the man looked down again and then said, "Well sir, I'm not very sure, but any way it's the blood of a reptile."

Another man was asked the best treatment for a dog bite. His answer was: "If any one is handy, and foolish enough to suck the bite, let it be done."

It was in answer to the same question that a lady student suggested that "it should be burned out with a *cosmetic*," and it was the same lady who, in a paper on hygiene, suggested that "the best way of boiling meat was to let it *simper* until finished."

One of the best stories we have heard recently is that of the Irish Doctor giving

evidence in a poisoning case before an Irish Judge. "Sure, now Doctor, wasn't that enough to kill the divil himself?"

"I don't know, my Lord, I've never had the ould gentleman for a patient."

"That's true for you, Doctor; he's alive yet."

The meetings arranged by the Christian Union for the remainder of the Winter Session are January 13th, Prebendary Webb-Peploe; January 30th, Dr. J. H. Cook, of Uganda; February 21st, Dr. Lees, and March 13th, Mr. D. Williamson. These meetings are held in the Library of the School from 5.15 to 6.

Mr. A. S. Bradley has been appointed Resident Anæsthetist, *vice* Mr. A. F. Hayden, who comes in as House Surgeon to Mr. Pepper.

Mr. Kelly has been appointed Casualty House Surgeon in place of Mr. Bradley.

The entertainments in the wards are this year to be restricted to Boxing Day.

Nurse E. M. Beal, who has been with us for the last four years, and who has been taking Sister's duties during the holidays, has entered on a fresh term of service and has been appointed Masseuse to the Hospital, in the place of Sister Petersen, who recently left to be married.

Nurse Gertrude Knowles has joined the Queen Alexandra Military Nursing Service, and Nurse Mary Walker, of the same Service, has been promoted to the rank of Sister.

We hear that Miss Florence Swaine, who trained with us some years ago, has been appointed Matron to the Mount Vernon Hospital for Consumption at Northwood, Middlesex.

We should be so very glad of gifts of toys for our children's Christmas Tree which is such a source of delight to the little ones. Also for gifts of any kind for our adult patients, each of whom receives a present on Christmas morning.

It may not be generally known that the well-known traveller and authoress Mrs. Bishop (Isabella Bird), the notice of whose death we have recently seen, maintained to the last a kindly interest in St. Mary's, which dated from the time she spent, some years ago, in Casualty—Out Patients, and in the Ophthalmic Wards. She found the experience thus gained invaluable in her travels in Thibet and in other countries, and "acknowledged the debt she owed St. Mary's" in one of her later books.

With this number we publish the Index for the current volume. We would remind our readers that inexpensive binding cases can be obtained from printers, Messrs. Morton & Burt, of Edgware Road.

We also wish to remind readers that subscriptions for the ensuing year will fall due next month, and shall be much obliged if they will send them to Mr. Ryan, our Financial Secretary, or to Mr. Nanfan. May we take this opportunity to ask for early notification of change of address, appointments, marriages, etc., from old St. Mary's men, as the utility of the GAZETTE is greatly curtailed when these do not reach us.

It is with the deepest regret that, as we are going to press, we learn of the death of Mr. A. Quarry Silcock, which took place on Monday, 19th December, at his house, 52, Harley Street.

Dr. Cheadle.

1866—1904.

This month, after nearly forty years' service, Dr. Cheadle retires from the active staff of our hospital, and takes with him the affection and respect of all who have had the privilege of working with him or under him. The post of an hospital physician, with its numerous duties, including the teaching in a medical school, is an onerous one, and a record such as this is indeed a splendid one. Throughout these years too St. Mary's Hospital and School have been rising steadily into their present well-established position, and Dr. Cheadle has been one of the great bulwarks. He came to us with a reputation peculiarly suited for the occasion. A graduate of Cambridge University, he was trained at St. George's Hospital, and had not only a distinguished academic career but was well known as a traveller and a sportsman. In 1859, after training with the University crew, he had the misfortune to be called to the continent just at the time of the "'Varsity" boat-race, and so was compelled to resign his position in the boat. It is possible that this was a stroke of good fortune for St. Mary's, because this was the famous year in which the Cambridge boat capsized. The crew was a very powerful and heavy one, but they chose to row in a particularly light boat. This would have been sound policy, perhaps, had it not happened that the day of the race was a very stormy one.

Dr. Cheadle took the degree of bachelor of medicine in 1861 and the doctor's degree in 1865. It was between these two dates that he made his famous voyage with Lord Milton. They left Liverpool on June 19th, 1862, and returned on March 5th, 1864. Many have read the fascinating book written by them, called "The North-West Passage by Land," and some have been fortunate enough to see some of the relics of the expedition from the Saskatchewan to British Columbia, such as the belt which was tightened for the tightening grip of hunger and the pipe of the headless Indian. The book at once became extremely popular and rapidly ran through seven editions; and the last one, the ninth, was published in 1901, with some interesting notes by Dr. Cheadle.

The travellers on their return found themselves famous. Often enough it happens that when once the joys of adventurous travelling have been tried, the adventurer does not settle down again in the cage of civilisation, yet we find that in 1865 Dr. Cheadle took his M.D. Cambridge, and when Sir James Alderson left the active staff in 1866 he was appointed Assistant Physician to St. Mary's.

In those days Mr. George Field and Mr. Edmund Owen were just finishing their curriculum. The senior physician at St. Mary's was then the illustrious Sibson, and after his sudden death in 1869, Dr. Handfield-Jones, father of our present physician accoucheur, held the post of senior physician for fifteen years. The out-patient department, although the hospital was smaller than now, was conducted under great difficulties. It consisted of two cupboard-like rooms in the basement below the present casualty department. The atmosphere was horrid and the conveniences few. Later this department was enlarged, then it was shifted to what is now the pathological department, and finally it blossomed to its present size and grandeur. *Laudator temporis acti!* Methinks they were giants in those days.

Younger generations would hardly know that Dr. Cheadle was Dermatologist to the hospital for several years, and that he was finally succeeded by Mr. Malcolm Morris. In 1869 Mr. Ernest Hart, who had held the post of Dean since 1863, resigned, and Dr. Cheadle was elected in his place. The Medical School at that time was shaky, and the entry had fallen to thirteen, but during his tenure of office the numbers rose to an entry of thirty-one. It was then that the entrance scholarships were founded; a wise and far-seeing policy this, for by it really good men who would bring credit to the school were attracted to St. Mary's. It is sufficient proof of this to look down the lists of our various entrance scholars. During these years there was much teaching to be done but not many to do it, so we find Dr. Cheadle's name as lecturer on materia medica and therapeutics, and also on pathology.

In March, 1869, he was appointed Assistant Physician to the Hospital for Sick Children, Great Ormond Street, and there he achieved a world-wide reputation for the treatment of children's diseases. He did not leave the active staff there until 1892, and, as at St. Mary's, proved himself an invaluable supporter of the hospital. For many years he has endowed the "Cheadle Cot" in the Alice Ward, and the hospital funds have been largely added to by subscribers whom he has influenced.

As a teacher Dr. Cheadle was always best pleased when giving thoroughly practical and clinical lectures. These lectures were much appreciated and were well attended, both by qualified and unqualified students. A power to write clearly and forcibly is one which he has possessed in high degree, and was very evident in the account of his travels, and it can be traced in all his medical writings. In 1877 he made some important observations upon an obscure and mysterious disease in childhood characterised by pain and tenderness, hæmorrhages, and swelling of the gums. Now we all know it by the name, which he gave to it, of Infantile Scurvy. The recognition of this condition has been of great service, and much suffering has been relieved by the introduction of antiscorbutic feeding in these cases. In 1888 Dr. Cheadle delivered his classical Harveian lectures on the "Rheumatism of Childhood." These are a landmark in the elucidation of the clinical history of rheumatic fever.

In 1889 the first edition of his well-known book upon the Artificial Feeding of Infants appeared. In 1896 he introduced, in the Medicine Section, a discussion on Acute Rheumatism, at the London meeting of the British Medical Association. Among his later writings are "Occasional Lectures on Medicine," in which are to be found several of his best known clinical lectures, full of the suggestions of a wide experience. Another subject in which he showed especial interest was Cirrhosis of the Liver, and it was to this subject that he devoted Lumleian Lectures of 1900.

Returning again to his active service at St. Mary's, we find him for nineteen years as physician to out-patients. His immediate predecessor on the full staff was Sir William Broadbent, and an interval of fourteen years elapsed before there was another vacancy. Toward the end of this time he was given six beds in the hospital, and Dr. Sidney Phillips joined the St. Mary's staff.

His fellowship of the College of Physicians dates to 1870, and he has done long service to the college as Examiner in 1885-1888, as Councillor and as Censor 1892, 1893, 1898, and Lumleian Lecturer in 1900.

In these earlier days the "lady doctor" was exercising the medical mind, and it is amusing now to think that their champions encountered serious resistance from the opponents of the movement. Yet such was the case, and we are glad to remember that Dr. Cheadle was one of their early champions and upheld them in the teeth of opposition. That is now all forgotten, and only our dear old colleges raise their grandfatherly eyes in pious horror at the thought of the lady doctor. The ladies, on their side, must not forget that Dr. Cheadle was one of the first to give them lectures when it required some courage to espouse their cause.

Nurses and the nursing world have always received his support, and among other services readily granted to them he formerly gave a series of hygienic lectures to the Nursing Association in Bloomsbury Square.

A liberal supporter of the athletic clubs and of the Students' Club, over which he presides, the students have had a good friend in him. When an athletic ground was moved for some years ago he was prominent among those who would have helped the scheme through. Always public-spirited, only recently he endeavoured to fan the flame of *esprit de corps*, which burns so dimly in great cities, by placing the portraits of some of our most distinguished men in the Library. Yet another instance of a different kind. In 1898 he founded the Gold Medal in Clinical Medicine, which henceforth will be known as the Cheadle Medal.

In certain seasons of the year Dr. Cheadle used to disappear somewhat mysteriously, and these seasons coincided in the good old days with the appearance of the Mayfly. It is known to most of us that he is a keen dry fly fisherman, and there used to be much wondering as to where he was to be discovered on these occasions. Of his many private acts of kindness none care to speak, but many know well enough how he has helped them by advice and in many other ways; no genuine case of trouble and distress met a deaf ear in him.

In this little and insufficient account we have left to the very last the quality which has impressed us more than any, and that is his invariable kindness to his patients. It has been a valuable object lesson to many generations of St. Mary's men, and has influenced his house physician and clerks. Skilful and experienced in the treatment of disease, he has always had in addition a cheery word for the patients, be they men, women, or children. They, in return, repaid his kindness by placing the utmost confidence in him, and he could tell, no doubt, some interesting tales of their original, yet none the less genuine, methods of trying to make some return to him.

We shall all miss him at St. Mary's. He has done so much so quietly, too quietly, perhaps, for proper recognition; but that has always been his way. We hope that he will long remain upon our consulting staff, and resting from his active hospital labours, continue to show that sympathetic interest in it which he has maintained through a period of 38 years.

He carries with him our good wishes, our thanks, and our respect and admiration for the good work he has done for our hospital.

Proposed Testimonial to Dr. Cheadle.

A meeting was held in the Library of the Medical School, on Friday, 25th November, to consider the proposal to present a testimonial to Dr. Cheadle. The chair was taken by the Dean (Dr. Caley), who, in calling upon Dr. Lees to move the first resolution, remarked that Dr. Cheadle's term of service on the staff was remarkable, not only on account of the long period which it covered—over 38 years—but also by reason of the many different offices he had held—he had been Physician to Out-Patients, 1866-1885; Physician, 1885 to the present time; Lecturer on Materia Medica and Therapeutics, 1870-74; on Pathology, 1871-80; on Medicine, 1892-95. Lecturer on Clinical Medicine from 1893 to the present time; and Dean of the Medical School from 1869 to 1873.

Dr. Lees then moved the following resolution:—"That a testimonial be presented to Dr. Cheadle on his retirement from the active staff of the Hospital, as a mark of high personal regard, and of appreciation of his devoted service to the Hospital and Medical School during the past 38 years."

This was seconded by Mr. Pepper, and carried unanimously.

The Committee was then nominated, consisting of past and present Students, and members of the Teaching Staff, to consider details, and appeal for subscriptions. A circular letter will shortly be issued giving full details.

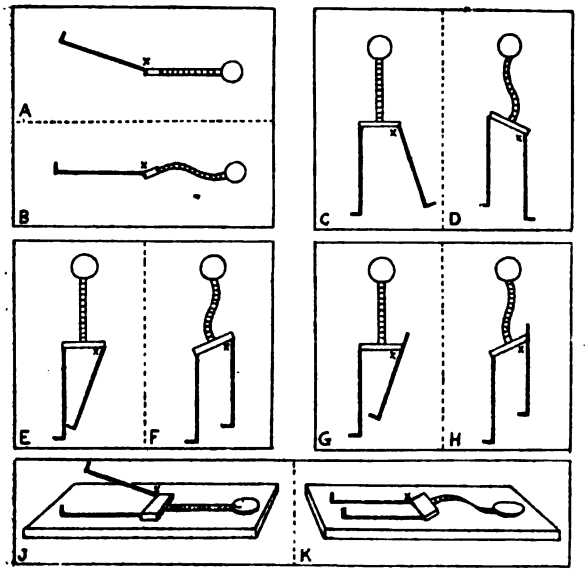
Tape-Measurements in Disease of the Hip-Joint.

S. MAYNARD SMITH, M.B., F.R.C.S.

In tuberculous disease of the hip-joint the lower limb on the diseased side is caused to assume an abnormal position. If the patient however be placed on a couch for examination, he may entirely mask this abnormal position of his lower limb by tilting his pelvis and bending his spinal column in such a way that the affected limb is made to lie flat on the couch and parallel to the sound one.

I may, perhaps, be allowed to recapitulate briefly the abnormal positions which the hip assumes when it is attacked by tuberculous disease, and to point out

how these are masked—in other words how the patient contrives to get his thigh, firstly, flat on the bed, secondly parallel to the sound one.



In the early stage of tuberculous disease the thigh on the affected side is :—

(i.) Flexed on the trunk. (Fig. A). The angle at X is fixed. In order to get the thigh flat on the couch the pelvis must be raised and the spinal column arched as shown in Fig. B. This is lordosis.

(ii.) Abducted. (Fig. C). The angle at X is fixed. In order to get the affected thigh parallel to the sound one the left side of the pelvis is tilted down as shown in Fig. D. The left foot now lies lower in the bed than the right, and there is apparent lengthening.

(iii.) Externally rotated. This is not masked.

In the later stages of the tuberculous disease the thigh on the affected side is :—

(i.) Flexed on the trunk. Lordosis masks the flexion as in the earlier stages.

(ii.) Adducted. (Fig. E). The angle at X is fixed. In order to get the affected thigh parallel to the sound one the left side of the pelvis is tilted up as shown in Fig. F. The left foot now lies higher in the bed than the right, and there is apparent shortening.

(iii.) Internally rotated. This is not masked.

Lastly. As the disease progresses the head of the femur may become destroyed, and there may be partial dislocation of the head on to the dorsum ilii. This is represented in Fig. G. There is now real shortening. Adduction may be masked as shown in Fig. H. There is now shortening—partly real, partly apparent.

So far the question of shortening has only been discussed in reference to what can be seen by the eye. I propose to consider next the question of tape-measurements of the limb.

Most of us can remember cases in which we have employed the tape-measure to demonstrate convincingly the shortening in a patient with morbus coxæ, and can recollect also our disgust when the tape-measure showed the diseased limb to be rather more than two inches longer than the sound one.

This fallacy comes about through the diseased limb being measured in the deformed position which it has assumed as a result of disease, whilst the sound limb is measured in its normal and natural position.

To avoid the fallacy it is necessary for the sound limb, before being measured, to be placed in a position exactly corresponding to that in which the diseased limb already lies.

It is in order to emphasize this point that the following measurements taken in normal limbs are quoted.

Measurement, in inches, from anterior superior spine to internal malleolus in normal subjects.

Position of lower limb.	Child.	Adult.
Extended	17⅞	32¼
Flexed to 30°	16⅝	30½
Flexed to 45°	16½	30⅛
Adducted to 30° ...	18⅛	32¾
Abducted to 30° ...	17½	31¼
Flexed 30°, adducted 30°	17	31
Flexed 30°, abducted 30°	16¼	29⅝

Rotation does not appreciably affect the measurement.

An example may be taken to illustrate the extent to which the tape may give misleading results. A patient has hip-joint disease in the later stage with the flexion completely masked by lordosis, and with the adduction masked as shown in Fig. F. If the limbs be measured as they are now placed, the sound limb will be measured in a position of abduction, and the diseased limb in a position of adduction. The difference between the two measurements may be as much as 1½ inches (see table). As a result of this it may be erroneously concluded that the diseased limb is 1½ inches longer than the sound one.

It will be noticed that I have in this example ignored the result of flexion. The reason for this is that the lordosis employed to mask the flexion of the diseased limb, causes flexion of the sound limb to precisely the same angle.* Flexion therefore, when the deformity is completely masked, is equal in amount in the two limbs, and so makes no difference to their relative lengths.

If however, flexion be not completely masked, in other words if the diseased limb be raised from the bed whilst the sound limb lies flat, then it will be necessary, before measuring the sound limb, to raise it to the same distance from the bed that the diseased limb is raised.

* Suppose that the diseased limb be flexed to° 30 and fixed thu (Fig. J.) To get the limb flat, the back is arched and the pelvis rotated by this means round a transverse axis, until it forms an angle of 30° with the plane of the bed (Fig. K.) But if the pelvis form an angle of 30° with the plane of the bed, it must also form an angle of 30° with the sound limb which is lying in the plane of the bed. In other words the sound limb is flexed to 30°—precisely the angle to which the diseased limb is flexed.

It may here be remarked that whilst adults and older children mask flexion well, yet in the case of infants and younger children the compensatory lordosis is less complete and the flexion more obvious to the eye. Examination of the above table shows that although adduction lengthens the measurement, yet flexion shortens it to a greater extent. The combined result of adduction and flexion is therefore shortening. It is thus in cases in which there is little flexion, or in which the flexion is entirely or almost entirely masked, that the adduction gives rise to a fallacy in making the tape show the diseased limb to be the longer one. In fact it is only because the shortening due to flexion is usually sufficient to 'out-measure' the lengthening due to adduction that the fallacy mentioned does not always present itself when limbs are improperly measured.

To sum up, the following rules must be observed in taking tape measurements in order to avoid the fallacies to which attention has been drawn.

(i.) Correct the tilting of the pelvis by placing the patient so that the two anterior superior spines are on the same level. The amount of adduction or abduciton of the diseased limb is thus rendered obvious.

(ii.) Adduct or abduct the sound limb to exactly the same angle.

(iii.) Still keeping the sound limb in this adducted or abducted position, flex it until it is flexed to the same angle as the disea sed limb. (This refers to obvious flexion ; any flexion masked by lordosis may be ignored as already pointed out.)

(iv.) Now measure the sound limb in the position it has been made to occupy by the above manœuvres.

(v.) The diseased limb may be measured before or after correcting the tilting of the pelvis. It makes no difference. The deformity is the same whether it be obvious or not.

Unless these precautions be taken tape-measurements are always inaccurate and sometimes actually misleading.

St. Mary's Hospital Medical Society.

ORDINARY MEETING, NOVEMBER 23rd, 1904.

In the unavoidable absence of the President and Vice-Presidents, Mr. H. S. Collier took the chair ; 29 members present.

Mr. Maynard Smith showed some interesting microscopical specimens.

Mr. Goyder presented a case for diagnosis of disease in the shoulder-joint of a middle-aged man. Several members joined in the discussion, and the affection was considered either tuberculous, syphilitic, or due to excessive strain.

The chairman then called upon Mr. Maynard Smith to read the paper of the evening, entitled, "The Anatomy and Surgery of the Frontal Sinus." The lecture was amply illustrated with numerous specimens and illustrations. The following members took part in the discussion which ensued :—the Chairman, Messrs. Keeling, Peachell, Kelly, Thompson, Hay Burgess. Mr. Maynard Smith then replied, and the meeting terminated with a vote of thanks to him for his excellent paper, and to Mr. Goyder for showing his case.

St. Mary's Hospital Football Clubs.

ASSOCIATION.

ST. MARY'S 1st XI. *v.* FINCHLEY MANOR.

The above match was played at Finchley. A rather weak team turned out for the Hospital, which, however, proved too strong for our opponents, the game resulting in a win for the Hospital by 6 goals to 1. The score would have been much greater, but the roughness of the ground prevented accurate play of any kind. In the first half we scored twice (through Hare and Neagle.) On changing over, we scored four times, through Bennett (2), Buckley and Archer. The last few minutes were played in darkness, during which period our opponents managed to score. The Hospital thus winning a rather scrambling game by 6 goals to 1.

Team.—V. Paul, *Goal* ; A. W. Bevis and E. C. Redman, *Backs* ; V. C. Martyn, H. G. Willis and F. W. Hobbs, *Half-backs* ; E. W. Archer, R. G. Buckley, F. C. H. Bennett, T. Hare and R. D. Neagle, *Forwards.*

ST. MARY'S 1st XI. *v.* R.I.E C.

Played at Cooper's Hill. We took down a fairly strong team, but were thoroughly outplayed, the result being a defeat for the Hospital by 8 goals to nil. Willis played a splendid game at centre-half, but beyond this everyone appeared to be having an "off day." The forwards were unable to get well together, and no score for us resulted. The result being as above stated.

Team.—V. Paul, *Goal* ; A. W. Beavis and E. C. Redman, *Backs* : V. C. Martyn, H. G. Willis and T. Pugh, *Halves* ; E. W. Archer, T. Hare, H. H. Taylor, H. Beavis and F. W. Hobbs, *Forwards.*

ST. MARY'S 2nd XI. *v.* ST. MATTHEW'S INSTITUTE. 2nd XI.

Not knowing our opponents' strength, we sent down a fairly strong team which proved too much for the Institute, who only crossed the half-way line about twice. The game resulted in a win for the Hospital by 10 goals to nil. For the Hospital, Basford played a very good game at outside left.

ST. MARY'S 2nd XI. *v.* ST. THOMAS'S HOSPITAL 2nd XI.

This match, though resulting in a win for our opponents, was very creditable to the 2nd XI., since the St. Thomas's Hospital team was composed chiefly of 1st XI. men.

At half-time St. Mary's led by 1 goal to nil, but in the second half St. Thomas's by shooting over our

back's heads, obtained 4 goals, thus winning by 4 goals. to 1.

ST. MARY'S 2nd XI. *v.* LEE F. C. 2nd XI.

Played in a drizzling rain, with a very greasy ball, and resulted in a win for the Hospital by 5 goals to 1. The result would have been still more favorable for us but for the above conditions which were much against accurate shooting. Waugh and Stephens were very safe at back, and Day at centre half played a sound game, scoring one of the goals with a splendid sho The team is getting well together and should giv good account of themselves after Xmas.

RUGBY.

ST. MARY'S 2nd XV. *v.* BORO' ROAD COLLEGE "A XV."

Played on Saturday, November 5th, at Wood Lane. For the first, and, it is to be hoped, the last time, we were three men short. Nevertheless we made a good fight, and at the end of the first half were persistently in our opponents' twenty-five, but failed to score. The College scored a goal in the first half, and two tries in the second half, the score thus being 11 points—0.

The team was as follows :—G. D. Fergusson ; N. H. Gilbert, J. H. Burdett, J. E. M. Boyd ; C. R. Peaty, A. W. Duncan ; A. A. Straton, J. H. Meers. E. J. Dicks, A. H. Thomas, T. E. Francis, H. E. Wall.

ST. MARY'S 2nd XV. *v.* HAMMERSMITH "A XV."

Played on Saturday, November 12th, at Barnes. This was a very even game, our chief weakness being in the three-quarter line, where the collaring was poor and almost always too high, with the exception of J. H. Burdett, who collared in the most effective, though perhaps, rather unorthodox way. Our opponents scored a try at the end of the first half, and again at the end of the second, when it was too dark to see the man, the score thus being 6 points—0.

Our team :—G. D. Fergusson ; J. H. Burdett, R. S. Graham, A. H. Thomas, L. Colebrook ; C. R. Peaty, A. W. Duncan ; A. Straton, J. H. Meers, J. E. M. Boyd, E. J. Dicks, J. B. Webb, M. C. Mason, R. de V. King, T. A. Tyrrell.

ST. MARY'S 2nd XV. *v.* HAMPSTEAD WANDERERS "A XV."

Played at Totteridge, on Saturday, November 19th. In this game we were absolutely outclassed, our opponents obtaining 7 goals 3 tries to nil.

Our team :—G. D. Fergusson : N. H. Gilbert, L. Colebrook, J. E. M. Boyd, J. H. Burdett, C. R. Peaty, A. W. Duncan, A. A. Straton, J. H. Meers, E. J. Dicks, J. B. Webb, M. C. Mason, W. Cowardine, R. de V. King, T. A. Tyrrell.

ST. MARY'S 1st XV. *v.* EALING.

This match was played at Wood Lane, on November 19th. The start was somewhat delayed, owing to the late appearance of some of the visitors. The Hospital played a poor game during the first half, and allowed Ealing to cross their line twice, one try being converted, whilst a good kick from a penalty raised the score to eleven points. In the second half the forwards played a much better game, and Louwrens got in after a fine run. The try was not converted. Shortly afterwards Louwrens received the ball from the scrum and punted across. Taylor following up received the ball, and passed to Barker, who registered a try, which was not, however, converted. Score, 6 points to 11. Just before time, in the semi-darkness,o ne of the visitors fumbled the ball close to their line, and Freeman took it over. Louwrens succeeded with a good kick, and the match was a draw at eleven points each.

ST. MARY'S *v.* BOROUGH ROAD COLLEGE.

At Borough Road. Again a late start owing to the late arrival of some of our stalwarts. Galpin kicked and the ball was returned well. Our forwards soon showed their strength and heeled out continually. After several passing bouts, which gained little ground Louwrens kicked to touch near the goal line. From the line out the forwards got away and Galpin scored a nice try. The kick failed. Soon afterwards Anderson got away but Burdett was too far away to accept a transfer. Half-time score, Mary's one try. The second half was fought out in gloom. For the greater part Borough Road pressed but good saving work by Johnson, Louwrens, and Burdett prevented a score. Towards the end our forwards regained their vigour and dribbled finely down the field. From an ensuing scrum Taylor and Barker nearly got over. When the whistle sounded we were close on the Borough Road line.

Throughout the game our quarters were rather above their average form. All the forwards were good.

ST. MARY'S *v.* 1ST ARMY CORPS.

At Aldershot. Galpin started with a fair kick and the ball was well returned by Harvey. A scrum followed and the ball was let out by our forwards. From the bout of passing that followed we lost about twenty yards. Some ragged play on the part of our backs allowed the Army Corps to get right down to our line. The forwards saved with a fine rush. Soon after one of the home centres got away, and running through our whole team, scored a good try, which remained unconverted. We responded with a movement originated by Johnson. Two or three of the forwards handled and Evans scored. Galpin almost majorised from a difficult angle. Then half-time was called.

During the second moiety our forwards fairly mastered the opposing pack, but our backs were far below form with the exception of Louwrens and Quirk. Taylor was feeling the effects of a bad knock which he received during the early stages of the game. We pressed continually and should, with ordinary luck, have scored several times. At last Army Corps got away, and their two centres made a magnificent burst right down the field and after good interpassing, crossed our line.

Harvey added the extra two points. From this point until the call of time the forwards tried desperately hard to score but were continually checked right on the line. Louwrens after a neat run almost crossed but was submerged by four or five opponents.

Backs were throughout "shocking." Forwards distinctly good. Their only weakness lies in irregular packing. Louwrens was the only man up to form amongst the backs, though at times Anderson did fairly well. Evans followed up well and Wilson tackled strongly.

Our team :—Quirk; Anderson, Burdett, Taylor, Barker; Johnson and Louwrens; Galpin, Bryden, Finlinson, Juler, Wilson, Evans, Hawkins, Lees.

ST. MARY'S *v.* WASPS.

At Acton, this match was played in a miserable drizzle. In the early portion of the game the Wasps pressed hard, and only good work by Taylor and Louwrens saved us. Then Anderson covered a lot of ground, and was only pulled down in the Wasps' territory. From the scrum Taylor, Louwrens, and Anderson handled, but Barker missed badly, and the Wasps reached our line again. Here Quirk obtained, and turned into touch. From a tight maul on our line, Taylor and Louwrens got away, and Louwrens found touch in good style.

Near the Wasps' twenty-five Galpin marked, but his kick was poor. Hawkins received the reply, and kicked too hard, so that only a minor resulted. At half time the score was nil.

Upon the re-start we pressed heavily and came near to scoring, the Wasps' back being upset in possession. Their forwards relieved, and both Juler and Anderson had to save. Barker missed a nice pass, and the ball was snapped up by an opposing half, who gained much ground before Quirk interviewed him. The game from now on became a mere scramble, and it was becoming difficult to recognise anything in particular, when the Referee ordered a finish a few minutes before time.

Throughout the game Louwrens kicked well. Taylor and Juler were also fairly good behind. Wilson again tackled with much skill. Freeman was again absent.

Our team : — Quirk; Juler, Barker, Anderson, Burdett; Louwrens and Taylor; Bryden, Wilson, Finlinson, Boyd, Hawkins, Evans, Galpin, Lees.

Reviews of Books.

WHAT WE OWE TO EXPERIMENTS ON ANIMALS. Price 1s. 6d. net. THE CASE AGAINST ANTI-VIVISECTION. Price 2s. net. By STEPHEN PAGET. London : The Scientific Press, Limited.

Mr. Stephen Paget is well-known as one who carries the war into the enemies' camp, and in these two booklets he is doing so once more with great energy and success. The question arises, Is it worth while? It is difficult, if not impossible, for us who see day after day the practical use of knowledge gained by so-called "vivisection," to understand the mental attitude of Anti-Vivisectionists, but that they are conscientious in their objections must be allowed although surrounded by a network of inaccuracies and false ideas. The rabid Anti-Vivisector would, to his shame be it said, probably remain unchanged if he read these books, but we hope they may fall into the hands of those who are really requiring to be told the truth about the subject. To such they should be absolutely convincing and surely to help those by the writing of such books as these is worth while.

PRACTICAL DISPENSING AND PRESCRIBING FOR MEDICAL STUDENTS. By WILLIAM KIRKBY, sometime Lecturer in Pharmacognosy in the Owens College, Manchester. Manchester : At the University Press. Price 4s. 6d. net.

In this book the subjects of dispensing and prescribing are dealt with from the doctor's point of view. The most valuable content of the volume consists in the lists of incompatibles given under each drug. There is a full list of phrases used in prescribing and their Latin equivalents, the words being indexed in English, and not in Latin as is usually done in these books. Also a table of impurities found in various drugs is given. Without being very fully aware of what may be implied by the term Pharmacognosy we venture to recommend this book as an useful one to many.

GOLDEN RULES OF ANÆSTHESIA. By R. J. PROBYN-WILLIAMS, M.D., Senior Anæsthetist at the London Hospital, Anæsthetist to the Royal Dental Hospital of London. Bristol : John Wright & Co. Price 1s.

This, the fourteenth booklet of the "Golden Rules" series, is open to the same objections as its forerunners. The matter it contains is good, but is there anything to be gained by such condensation? We can only think that such productions tend to give the reader a smattering of knowledge on the subject treated, which is not the consummation of medical training.

A COMPLETE HANDBOOK OF MIDWIFERY. By J. K. WATSON, M.D.Edin. London : The Scientific Press, Limited. Price 6s. net.

This is a text book of midwifery written for Midwives and Nurses. It treats the subject fully and contains two appendices, one on the nursing of gynecological cases, and the second gives the rules of the Central Midwives Board. It seems in every way a suitable book for those for whom it is written.

QUESTIONS AND ANSWERS ON MIDWIFERY FOR MIDWIVES. By A. B. CALDER, M.B., M.R.C.S. London : Baillière, Tindall & Cox. Price 1s. 6d. net.

Really we begin to feel sorry for midwives. The output of books for them just now is prodigious. This is a little book giving a great number of questions and their answers. There are also several of the recent examination papers set by the London Obstetrical Society, and once again, the rules of the Central Midwives Board. Unfortunately, however, we are still left in doubt as to what a Central Midwife may be.

The little book is well got up and of its kind, is very good.

MODERN NURSING IN PRIVATE PRACTICE. By Sir WILLIAM BENNETT, K.C.V.O., F.R.C.S. London: The Scientific Press, Limited. Price 6d.

This, reprinted from *The Hospital*, is a lecture to Nurses given at St. George's Hospital in the early part of this year by Sir William Bennett.

NOTES ON THE COMPOSITION OF SCIENTIFIC PAPERS. T. CLIFFORD ALLBUTT, M.D., F.R.C.P. Regius Professor of Physic in the University of Cambridge. London: Macmillan & Co. Price 3/- net.

"Rarely, rarely, comest thou, Spirit of Delight!" We ofttimes recall Shelley's lines when we see the books that arrive for the Gazette. But at last comes Dr. Allbutt's slim volume of pretty writing and it has fallen to our humble lot to review it.

Mr. Artemus Ward, although always very careful himself to write in a "grammerly manner", once gave it as his opinion that our grammar did not matter so long as we were good. With this view Professor Allbutt is not in agreement. The exact moral worth of the Cambridge theses-writers apparently does not trouble him, but their slovenly writing troubles him exceedingly, so much so that it is to their solecisms that we are indebted for this charming little book. And in it more is discussed than mere grammar; the nice regulation of the sentence, the search of the inevitable word, the care for the rhythm of the phrase—in short all that goes to make a pure style is delightfully explained.

How comes it that we medicals need such a correction? We are not without excuses. The text-books which we must of necessity read are usually written badly, often very badly; our subjects—"the ghastly art of bone-delineation" and the like—are not the easiest on which to write in becoming style; our ears have had to accustom themselves to such a phrase as "stalactitiform osteophytes" and many another, to the ruin of their fine adjustment. Outside medicine we find the language of Fleet Street daily becoming more like that of the young men of Carmelite Street. Why, has not even the Prime Minister himself told a bewildered country that he has no "settled convictions" on a subject no longer tolerated by vacuous Suburbia, leaving to His Majesty's Opposition the hopeless task of discovering the nature of an *un*settled conviction.

But of our charity we can find no excuse for the neglect with which the average student treats the works of the masters of English Literature, and this neglect is at the bottom of the trouble. To attain to any appreciation of style needs a long journey through the English Classics: perhaps Dr. Allbutt's book will show a short cut to some, while to others it undoubtedly will enhance the beauties of the longer way.

We find it difficult adequately to express our gratitude to Professor Allbutt for his entirely charming book, a book which should be read by all, writers and readers alike. We gratefully remember too, these theses which were the cause of our delight: peace be to their ashes!

THE PRACTICE OF MEDICINE. FREDERICK TAYLOR, M.D., F.R.C.P. Senior Physician to, and Lecturer in Medicine at Guy's Hospital. London: J. & A. Churchill. Seventh Edition. Price 15/- net.

This popular text-book needs no commendation at our hands. In the new edition considerable alterations have been made in many of the articles and several subjects are now introduced for the first time into the book. It is safe to say that this work is now up-to-date in every particular and now, as before, deserves the great popularity which it enjoys amongst students.

THE STUDENTS' HANDBOOK OF SURGICAL OPERATIONS. SIR FREDERICK TREVES, Bart. New Edition, revised by the Author and Jonathan Hutchinson, Junior, F.R.C.S. London: Cassell & Co. Price 7/6.

This work has undergone very considerable improvement in the revision undertaken for the new edition. The best feature of this issue is the great increase in the number of illustrations. In a work of this sort there can hardly be too many figures for many points in an operation which are tedious to read can be seen in a moment from a diagram and are much more easily remembered. The book has always been a favourite one with students and we are sure that it will now be more in request than formerly, as it most certainly deserves to be.

"DEVICES AND DESIRES." By P. HABBERTON LULHAM, M.R.C.S., L.R.C.P. 2nd edition. R. Brimley Johnson, London. 1904.

We can call to mind many members of the medical profession who have been masters of English prose, but those who have turned their attention to verse are a small but select company. Mr. Lulham joins their number with a volume entitled "Devices and Desires." This book has many admirable qualities. We took it up with a feeling of prejudice (who ever read an untried poet for the first time without such a feeling?), but we laid it down with a feeling of admiration. Mr. Lulham is essentially human: he has known the joy of life and of love, he has experienced the sadness of bereavement. When he deals with the former his enthusiasm is almost infectious, while the dignity of his grief, as shown in the last poem in the book, on the occasion of the death of his mother, is infinitely touching. But Mr. Lulham is more even than this: he is original. A rare gift, my masters! And nowhere does he display this gift in so marked a degree as in the poem called "A Meeting." It chanced that on a muddy day in London he was in a hansom which kept pace with a hearse. It occurred to him to compare his lot with that of the dead man. But we must quote:

"So sped we till I reached the head
Of that sad cavalcade,
And rode hard by his side who led,
Below his lilies laid.

Poor lilies, marr'd by London mire:
Friend, was it so with you,
Did London drag your heart to hire
And ruin the roses too?"

Of the lighter poems, "A Persian Spring" pleased us most, though the sense of melody in all of them is quite admirable. "The Old Doctor" should appeal with special force to medical readers.

"SYPHILIS AND GONORRHEA." By C. F. MARSHALL, M.D., F.R.C.S., Senior Assistant to the Hospital for Diseases of the Skin, Blackfriars, London. Rebman, Ltd., London. 1904. Price 8/- net.

This book appears to us to have no *raison d'etre:* it does not justify its existence. The object of text-books on special diseases is either to bring together information which exists in a scattered form, or to serve as a medium for publishing the results of observation and experience. In the case of these diseases it can hardly be claimed that our information is in such a state. Most of the large text-books contain excellent and concise accounts of their manifestations. And we were not rewarded for perusing the book by learning anything new or original in their pathology or treatment. There is, perhaps, an opening for an exceedingly interesting article on the history of syphilis: but even here Mr. Marshall does not seem to have made the best of his opportunities.

"THE DISEASES OF WOMAN." By J. BLAND-SUTTON, F.R.C.S., and ARTHUR E. GILES, M.D, F.R.C.S.E. 4th edition. Rebman, Ltd., London. 1904. Price 11/- net.

This is a new edition of an admirable book, whose merits are so well known that it needs no recommendation from us. We have long considered it a model of what such text-books should be. It comes half-way between the book which is written for those who are going to make a speciality of the subject, and the book which is written for "cramming" purposes. The latter class of book has our strongest condemnation, and would, if we had our way, be suppressed firmly. It is the product of an immoral age. But Messrs. Sutton & Giles' book is thoroughly sound without being long-winded. and we cannot do better than give publicity to their opinion, expressed in the preface "that when surgical authors are able to restrain their vanity and refrain from publishing notes of successful cases in text-books, the established facts of the art can be presented in a very convenient compass." They have practised what they preach, and an excellent text book has resulted.

The arrangement of the book is exceedingly clear; and the subject of pessaries, which is inefficiently treated by the majority of authors, is most lucidly dealt with.

Books Received for Review.

MEDICAL ELECTRICITY, by H. LEWIS JONES, M.A., M.D., F.R.C.P. 4th Edition. H. K. Lewis, London. 1904. 12/6 nett.

HANDBOOK OF DISEASES OF THE EAR, by RICHARD LAKE, F.R.C.S., Surgeon Royal Ear Hospital. 2nd Edition. Baillière, Tindall, & Cox, London. 1904. Price 6/- nett.

THE NUTRITION OF THE INFANT, by RALPH VINCENT, M.D., M.R.C.P. 2nd Edition. Baillière, Tindall, & Cox, London. 1904. Price 10/6 nett.

THE AFTER TREATMENT OF OPERATIONS, by P. LOCKHART MUMMERY, M.B., F.R.C.S. 2nd Edition, Baillière, Tindall, & Cox, London. 1904. Price 5/- nett.

THE EXAMINATION OF THE THROAT, NOSE, AND EAR, by WILLIAM LAMB, M.D., M.R.C.P. Baillière, Tindall, & Cox, London. 1904. Price 5/- nett.

SERUMS, VACCINES, AND TOXINES, by WM. CECIL BOSANQUET, M.A., M.D., F.R.C.P. Cassell & Company, Ltd., London, Paris, and New York. 1904. Price 7/6.

MALIGNANT DISEASE OF THE LARYNX, by PHILIP R. W. DE SANTI, F.R.C.S. Baillière, Tindall, & Cox, London. 1904. Price 4/- nett.

ELEMENTARY PRACTICAL PHYSIOLOGY, by JOHN THORNTON, M.A. Longmans, Green, & Co., London. 1904. Price 3/6.

ADENOIDS, by WYATT WINGRAVE, M.D. Baillière, Tindall, & Cox, London, 1904. Price 2/6 nett.

THE DISEASES OF WOMEN, by J. BLAND-SUTTON, F.R.C.S., and ARTHUR E. GILES, M.D., B Sc., F.R.C.S.Ed. 4th Edition. Rebman. Ltd., London and New York. 1904. Price 11/- nett.

SYPHILIS AND GONORRHŒA, by C. F. MARSHALL, M.D., F.R.C S. Rebman, Ltd., London and New York. 1904. Price 8/- nett.

WALSHAM'S HANDBOOK OF SURGICAL PATHOLOGY. 3rd Edition. Revised by Herbert S. Paterson, M.A., M.B., B..C, F.R.C.S., Assistant Surgeon to the London Temperance Hospital. Baillière, Tinda & Cox, London. 1904. Price 10/6 nett.

DISEASES OF THE HEART, by Edmund Henry Colbeck, B.A., M.D., B.C., F.R.C.P., D.P.H., Physician to the Out-Patients, City of London Hospital for Diseases of the Chest, etc. 2nd Edition. Henry Kimpton, London. 1904. Price 12/- nett.

Recent Appointment.

MEDICAL OFFICER IN CHARGE OF X-RAY DEPARTMENT,

G. ALLPRESS SIMMONS, M.D., B.S.Lond.

Dr. Allpress Simmons, who has been elected to the above newly-formed post, is an old student of this Hospital. He gained an Entrance Scholarship at the commencement of his career in the Medical School, and he followed up this early distinction by many others in the School and Hospital; and finally, in 1891, took the M.B. and B.S. of London, with 1st class honours in Medicine, Midwifery, and Forensic Medicine. In 1892 he took the M.D. of London. Meantime he had held the post of House Physician to Dr. Lees. Dr. Simmons has been in general practice in the Westminster District for some years. During the last few years he has devoted much time and study to the medical developments of Radiology and associated subjects, and has lately been assisting Dr. Greg, in the important X-Ray department at St. Thomas's Hospital. The experience he has gained there will be of the

greatest assistance to him in the task he has before him of organising and equipping an entirely new department at St. Mary's Hospital.

Appointments.

STAFF APPOINTMENT.

LUFF, A. P., M.D., B.Sc. Lond., F.R.C.P., has been appointed on the Senior Staff of the Hospital.

KELLY, M. F., M.B.Lond., L.R.C.P., M.R.C.S., has been appointed Casualty House Surgeon to the Hospital.

ROBBINS, R. H., M.B., B.C.Camb., L.R.C.P., M.R.C.S., has been appointed House Physician to Dr. Lees.

STEEN, R. H., M.D.Lond., has been appointed Medical Superintendent of the City of London Hospital, Dartford.

BRADLEY, A. S., M.B., B.C.Camb., has been appointed Resident Assistant Anæthetist to the Hospital.

CORBIN, H. E., L.R.C.P., M.R.C.S., has been appointed Assistant Medical Officer to the Borough Hospital, Croydon.

GRIEVES, T. A., L.R.C.P., M.R.C.S., has been appointed Government Medical Officer and Vaccinator at Burraga, New South Wales, Australia.

HAYDEN, A. F., M.B., B.S, L.R.C.P., M R.C.S., has been appointed House Surgeon to Mr. Pepper.

Pass Lists.

UNIVERSITY OF LONDON.

EXAMINATION FOR DEGREE OF M.B., B.S., HONOURS.

G. E. PEACHELL, L.R.C.P., M.R.C.S., *Distinction in Medicine.*

J. H. WELLS, L.R.C.P., M.R.C.S., *Distinction in Medicine and Pathology.*

PASS.

E. L. ASH, L.R.C.P., M.R.C.S.
J. F. E. BRIDGER, L.R.C.P., M.R.C.S., D.P.H.
H. C. LEES, L.R.C.P., M.R.C.S.
J. M. B. RAHILLY, L.R.C.P., M.R.C.S.
J. B. STEPHENS, L.R.C.P., M.R.C.S.

EXAMINATION FOR DEGREE OF B.S.

E. W. C. BRADFIELD, M.B.Lond., L.S.A.
A. F. HAYDEN, M.B., L.R.C.P., M.R.C.S.
W. S. PAGE, M.B., L.R.C.P., M.R.C.S.

SUPPLEMENTARY PASS LIST.

GROUP II.

Surgery and Midwifery:—J. H. Nixon.

ROYAL COLLEGE OF SURGEONS.

FINAL F.R.C.S.

J. HAY BURGESS, M.B.Lond., L.R.C.P., M.R.C.S.

SOCIETY OF APOTHECARIES.

Diploma.—E. H. PRICE.

The Services.

ROYAL ARMY MEDICAL SERVICE.

Captain E. BRODRIBB, L.R.C.P., M.R.C.S., has arrived home on leave from India.

Captain J. I. W. MORRIS, L.R.C.P., M.R.C.S., has arrived home from S. Africa, and is posted to the Home District.

Lieut. F. C. LAMBERT, L.R.C.P., M.R.C.S., has been appointed to No. 7 General Hospital, Pretoria, S. Africa.

PROMOTION.

Major N. MANDERS, L.R.C.P., M.R.C.S., is promoted to Lieutenant-Colonel. Dated August 2nd, 1904.

INDIAN MEDICAL SERVICE.

Lieut. E. W. C. BRADFIELD, M.B., B.S.Lond., L.S.A., has changed Station to Madras, India.

ROYAL NAVY MEDICAL SERVICE.

Surgeon J. H. LIGHTFOOT, L.R.C.P., M.R.C.S, has been appointed to H.M.S. Albacore.

Surgeon W. R. HARRISON, L.R.C.P., M.R.C.S., has been appointed to H.M.S. Widgeon.

ENTRANCE EXAMINATION.

C. R. WORTHINGTON, L.R.C.P., M.R.C.S. (12th).
P. W. M. CAMPBELL, L.R.C.P., M.R.C.S. (13th).

VOLUNTEER CORPS.

VOLUNTEER OFFICERS' DECORATION.

The King has conferred the Volunteer Officers' Decoration on Surgeon Captain (Honorary Captain in the Army) ATWOOD THORNE, M.B.Lond., L.R.C.P., M.R.C.S., 2nd Middlesex Royal Garrison Artillery (Volunteers).

Change of Address.

BILL, A. F., M.D., B.Ch.Oxon, M.R.C.P., Davos Platz Switzerland.

WELLINGTON, A. R., L.R.C.P., M.R.C.S., 10, Waldeck Road, W. Ealing.

WIGGINS, C. A., L.R.C.P., M.R.C.S., Mombasa, British East Africa.

WILSON, H. M., B.C.Camb., Napier Hospital, Hawke's Bay, New Zealand.

Announcements.

BIRTH.

BROADBENT.—On November 29th, at 35, Seymour Street, W., the wife of John F. H. Broadbent, M.D, B.C.Oxon., F.R.C.P., of a son.

MARRIAGE.

KILNER—PRATT.—On November 11th, at Colombo, John Newport Kilner, M.B.Lond., L.R.C.P., M.R.C.S., Adra, India, Assistant Medical Officer of the Bengal Nagpur Railway, to Mildred, only daughter of John Wyatt Pratt, L.R.C.P., M.R.C.S.

St. Mary's Hospital Gazette.

VOL. XI. 1905.

LONDON:
MORTON & BURT, PRINTERS, 187, EDGWARE ROAD, W.

1905.

CONTENTS.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XI.—No. 1. **JANUARY, 1905.** **Price 6d.**

Arthur Quarry Silcock.

OBIIT. DECEMBER XIX., 1904. ÆTATIS SUÆ 49.

Seldom in the history of the Hospital, and never before in the history of the GAZETTE, have we had to record the death of a member of the active staff. The death of Mr. Silcock, almost tragic in its suddenness, has removed from our midst one who was almost in the plenitude of his powers and vigour. Raised to the full staff of the Hospital only little more than two years ago he was already reaping the harvest of respect and repute, which he had sown by his earlier years of hard work and devotion. But the strain of this work probably weakened a constitution never over strong, and when disease came it found no resistance in him capable of coping with its attack. There is a deeper pathos when a surgeon is attacked by a malady which his own skill has so often baffled.

It is difficult from so close a standpoint forming a just estimate of any man. As time passes the various characteristics melt into their due proportion, and we can make for ourselves a truer image of the real personality. At present a few dominant traits stand out above all others. A transparent honesty of purpose and an unhesitating conscientiousness in action, combined often to give his manner an abrupt directness. But this was entirely a surface roughening, passing as quickly as the wind over a pool of water and leaving no ripple behind. Beneath lay a nature kindly, genial, and lovable. He had a genuine hatred of shams and poses, of the little hypocrisies with which men attempt to slur over their ill-done work and their deficient knowledge. Unpretending and absolutely without any self-consciousness himself, he contemned pretentiousness in whatever form it appeared. If there were any possibility of humour in any person or any situation he could be trusted to find it. He had a spirit of cheerful optimism, and everything in his life tended to strengthen this spirit. Happy in his work at the Hospital and in private, happy in his friendships, he was thrice happy in his home. He faced life cheerily and met death bravely, content that he had done nought in malice, nor ever wittingly hurt any man. We shall miss him long and deeply at St. Mary's. No more fitting words can be found with which to close than those which formed the message of condolence sent by his colleagues on the Staff at St. Mary's:—

At this, their first meeting after the death of their colleague, Arthur Quarry Silcock, the Staff desire to assure Mrs. Silcock of their deepest sympathy and condolence.

Held in the highest esteem by all of us as an able surgeon and a man of unimpeachable honour, and by some of us in the close relationship of friends, he will be long and affectionately remembered at St. Mary's.

We, his colleagues, feel that his death is an irreparable loss both to the Hospital and to ourselves.

Obituary.

ARTHUR QUARRY SILCOCK, M.D., B.S.LOND., F.R.C.S.

Surgeon to St. Mary's Hospital and to the Royal London Ophthalmic Hospital.

St. Mary's has fallen upon unfortunate times. It is little more than two years ago that the 20 years' rule deprived the hospital of the further services of Mr. Owen, whose unwearying labours as a clinical teacher were ever testified to by the crowded benches in the operating theatre. The same cause led to Mr. Morris's retirement, and only this last December Dr. Cheadle terminated his long and honoured term of 38 years in the service of the hospital.

And now comes the lamentable death in the plenitude of his power of Mr. Silcock, the latest appointed full surgeon to the hospital.

He was born at Chippenham, Wilts., in 1855, and was educated privately; after matriculating at London University he commenced his medical studies at University College, London, in 1873. His abilities as a student were soon manifest, the numerous examinations required by the London University being passed in rapid succession and without apparent effort, so that in 1878, at the age of 23, he had obtained the degrees of M.B., B.S., as well as the Membership of the Royal College of Surgeons. The M.D. degree of the University he took in 1880, and he became a Fellow of the Royal College of Surgeons in 1882.

Mr. Silcock's bent was always towards surgery, and after holding in succession the posts of House Physician and House Surgeon at University College Hospital, he was appointed Surgical Registrar to the hospital, and later also Senior Demonstrator of Anatomy in the Medical School.

There was then no immediate prospect of any opening for promotion at his own school, and he left it in 1883 on receiving the appointment of Pathologist at St. Mary's Hospital. There he became Lecturer in Pathology in 1884, a post which he held until 1897, when he undertook instead the instruction in operative surgery. In 1900 he became Joint Lecturer on the Principles and Practice of Surgery, a post which he held till his death.

Meanwhile he had been elected to the staff of the hospital in 1886 as surgeon in charge of out-patients, and on the expiration of Mr. Edmund Owen's term of office in May, 1902, he succeeded him as one of the full surgeons to the hospital.

Mr. Silcock had from an early period in his career devoted special attention to ophthalmology, and during the long period of holding subordinate offices, had worked regularly as Clinical Assistant at the Royal London Ophthalmic Hospital, then at Moorfields. He was appointed Assistant Surgeon to that institution in the same week in 1886, in which he was promoted to the staff of St. Mary's Hospital; in due time he became full surgeon at the Royal Ophthalmic Hospital.

Mr. Silcock was the only surgeon on the staff of the Ophthalmic Hospital who also held the post of surgeon at a general hospital and medical school, and his wide knowledge of general medicine and surgery contributed to his success in ophthalmic work. He was a skilful operator and spared no pains in the investigation of any obscure case of eye disease. His opinion and advice were widely sought and appreciated. Within the last two years, when the son of the present President of the Royal College of Surgeons received a terrible injury to the eye, requiring an operation of much delicacy, it was to the care of Mr. Silcock that he was confided, and to his skill in treatment that complete recovery was due. Mr. Silcock was one of the original members of the Ophthalmological Society, and was for a time its Honorary Secretary: he made several valuable contributions to its *Transactions*. So recently as the present year he was elected also a member of the Court of Examiners in Surgery to the Board of the two Royal Colleges, and Examiner in Surgery for the Fellowship of the Royal College of Surgeons.

It will be seen that he led an active and busy life—in consulting practice, in teaching, and in the work of two large hospitals. The great increase in operative procedure

of late years leads to frequent and trying demands at all hours of day and night on the surgical staff of large general hospitals, and it is probable that Mr. Silcock's never very robust constitution suffered severely from the strain. He was called late on the night of December 10th to St. Mary's Hospital to perform a long and difficult operation, and appeared then in good health and spirits. He was out on the next day, but on that evening he was attacked by severe chills, and soon showed indications of a very acute and serious attack of appendicitis. He was attended by Dr. Cheadle, Sir Frederick Treves, and by his old fellow student and colleague Mr. Pepper. He was operated on by Mr. Pepper, with the assistance of Mr. Clayton Greene, who remained in the house with him during his illness, relieved at times by Mr. Gay French, his house surgeon at St. Mary's. Mrs. Silcock was with him throughout, but the attack was of a most virulent nature, and notwithstanding all that skill and devotion could do, he died after a week's illness at the comparatively early age of 49 years.

Besides the appointments already mentioned, Mr. Silcock was Honorary Ophthalmic Surgeon to the Royal Normal College for the Blind, to the Cripples' Home, and to the Indigent Blind Visiting Society. He contributed to Druitt's *Vade Mecum of Surgery* the article on Injuries of the Eye, and made many contributions to the *Transactions* of the Pathological and Clinical Societies and to various professional publications.

Mr. Silcock was a man of fine character and undeviating straightforwardness; he was independent in mind, and unhesitating in acting as he believed to be right. Having nothing to conceal, and having the courage of his convictions, he resorted to no equivocal or ambiguous phrases, but spoke and acted with directness and decision. If he was sometimes abrupt in manner, it was never long before his kindly nature and his genuineness impressed themselves upon those who came in contact with him, and won for him their esteem and regard. He worked strenuously and never spared himself. The success he merited had come to him within the last few years, and he had every reason to look forward to a distinguished and prosperous future, when he was prematurely and suddenly called away.

Mr. Silcock married in 1889 Emmeline, daughter of the late Henry Vernon Chichester, by whom he leaves two sons, who are still at school. He was unassuming, simple, and hospitable in his home life; music was his favourite recreation. Some who were his fellow residents at University College Hospital may call to mind the evenings he made pleasant by his musical talent. Then, as afterwards, he never missed an opportunity of being present at any high-class musical performance.

His body was cremated, by his own expressed wish, and the respect and affection in which he was held was testified to by the large attendance of professional and other friends at the memorial service held on December 22nd at St. Peter's, Vere Street. Among the mourners were his two sons and Messrs. T. B. Silcock, Harry Silcock, and Mr. Morton Butt; among others were all his colleagues from St. Mary's and the Royal Ophthalmic Hospitals, besides many students and nurses, and representatives from the Bromley Cottage Hospital, to which Mr. Silcock was Consulting Surgeon. There were also present Mr. Tweedy, President of the Royal College of Surgeons, Mr. Henry Harben, Chairman of St. Mary's Hospital, Sir William and Lady Broadbent, Sir James Walker, Mr. Edmund Owen, Sir Frederick Treves, Mr. Christopher Heath (whose House Surgeon Mr. Silcock had been), Sir Thos. Smith, Mr. Watson Cheyne, Mr. Ballance, Mr. Golding-Bird, Mr. Plimmer, Mr. A. P. Gould, and Dr. Beevor.

Publications, etc., Received.

"Guy's Hospital Gazette." "Middlesex Hospital Journal." "St. George's Hospital Gazette." "The Broadway." "The Hospital." "The Nursing Record." "University College Gazette," "University of Durham College of Medicine Gazette." "St. Thomas's Hospital Gazette." "St. Bartholomew's Hospital Gazette." "Indian Medical Record." "New York Medical Journal." "London Hospital Gazette." "Brooklyn Medical Journal." "The Stethoscope." "Treatment." "General Practitioner." "Charing Cross Hospital Gazette." "South African Medical Record." "British Journal of Children's Diseases."

Notes.

We feel that we cannot commence these short Notes without some expression of the universal sorrow felt by all members of the Hospital, both past and present, at the grievous loss we have suffered by the death of Mr. Silcock. Many have lost in him a close personal friend, others a respected teacher. One and all have felt the pathos of the almost tragic suddeness of his death. We have to thank a prominent member of the staff and one of Mr. Silcock's oldest friends for the sympathetic obituary notice which we are enabled to print with this number.

The funeral service, which took place at St. Peter's, Vere Street, was attended by a very large number of friends, both private and professional. The whole of his colleagues, both at St. Mary's and at Moorfields were present, as well as many students and nurses from both Hospitals. Many beautiful flowers were sent, amongst others one from the students at St. Mary's, one from the nurses, and one from the staff. The latter, which consisted of mauve orchids and lily of the valley, bore the inscription "a tribute of deep and affectionate regard from his colleagues at St. Mary's."

Mrs. Silcock has desired us to express her gratitude for the sympathy shewn to her by so many friends. She specially desires to thank Sister Hallam (aforetime Sister "Manvers") and Nurse Gibson for their devoted attention and nursing.

Christmas Time at the Hospital this year was saddened by the sense of the recent loss of Mr Silcock. Out of respect to his memory the board-room entertainment, usually the principal feature of the festivities, was abandoned. It was felt, however, that it would only be fitting and right that the ward entertainments for the patients and the Christmas Tree for the children should take place as usual. As Christmas-day fell on a Sunday, the Board only authorised entertainments on the one day—Boxing-day—and unlike Sir Boyle Roche's bird, our reporter could not be in two places at once, but we understand that in all parts of the hospital the entertainments passed off with great success.

The decoration of the wards was undertaken on Christmas Eve, and carried through with great gusto and not a little dust by nurses and others. It seemed sad when we viewed the completed work to think that the decorations had "so short a time to stay." But "Twelfth Night" is no longer recognised in the calendars of our Hospital, and decorations and pianos and other harbourers of the devil of septicity must be cleared out ere it can establish a position.

On Christmas day the entertainment was mainly gastronomic in its nature. Thanks to the kindness of Lady Harben a plentiful supply of the "Bird of the East" formed the *pièce de resistance* of a very substantial meal, and a feeling of repletion induced an artificial air of calmness and somnolence, save where, from some unsuitably gagged individual, the strains of an unmelodious mouth organ broke the Sunday's calm.

On Boxing Day the wards were gay with songs and music. Each sister strove to outvie her neighbour and they all succeeded. Each one was better than everyone else. If we were forced to give a candid opinion we would say that undoubtedly the palm was carried off by ———, but that can't be, since we also saw palms in ——— and ———. "Palmam qui meruit ferat." So we must argue that as they all had them, certainly they all merited them. The banjo quartett scored an instantaneous success wherever it appeared, and it seemed to appear everywhere; and the Pierrots were enthusiastically received and cheered. The hours passed away all too quickly and 8.30 saw unwilling audiences being hushed to bed.

The Children's Special Fête took place on the Wednesday following and the Punch

and Judy show, and Father Christmas, and Robinson Crusoe and his man Friday had a joyous reception from a roomful of "kiddies," who gazed on the brilliance of the Christmas Tree with awed rapture, soon broken with the cries of pleasure that followed on its skilful dismantling.

We are very glad to report that the New year saw Dr. Caley sufficiently recovered from his serious accident to be able to resume work again, and to know that no permanent ill effect will result from it.

The beginning of the year finds the Hospital in the almost unparalleled position of having three vacant positions on its staff. Two physicians and one surgeon to out-patients have to be appointed within the next few weeks. Fortunately there will probably be no need to go beyond the limits of St. Mary's Hospital to find men to fill these vacancies, and we hope that when the time comes for us to report the names of the new members of the staff, they will all prove to be names already known to our readers.

We understand that the rough cast for the South African Memorial on which Mr. John Tweed is engaged, has been finished, and that as soon as it has been submitted to the Committee he will proceed with the finished work. It is confidently expected that this will be in place in the Entrance Hall of the Clarence Wing in time for the opening of that building.

After a stormy period in the out-patient departments, a comparative peace now reigns. The clang of hammer and chisel, though not completely departed, is, at least subdued, and we no longer have to trust our eyes to hear what patients or physicians say.

At the Medical Society on Wednesday, January 11th, Dr. Willcox read a paper on "Infantile Mortality from Overlaying." On the 25th, Mr. Wallace Ashdowne will read one on "Acquired Finger Deformities," and on the 8th next month Dr. Bird will take as his subject "Erysipelas in the Past and in the Present."

We congratulate Dr. Poynton (a former editor) on his marriage to Miss Campbell Orde, which took place in December.

Speaking of the students who abbreviate their prescriptions into such things as Mist. Pot. Iod. and Ung. Hydrarg., we overheard a surgeon remark lately, "The Latin of most men is so doggy that they are afraid to let it wag its tail." In fact they, like the man in the story, "curtail the already curtailed cur."

Dr. W. H. Willcox has recently been elected a Fellow of the Chemical Society.

We hope in an early number to publish as a supplement a number of extremely clever topical sketches, illustrating the Hospital and some of its celebrities and characters.

The portrait of Mr. Silcock, published with this Number, is from a copyright photograph by Messrs. Elliott & Fry, Baker Street.

Shortly before Christmas time a presentation was made to Mr. W. Legge Symes by some of his old St. Mary's friends. The presentation consisted of a cheque and a handsome silver inkstand, with the inscription—"William Legge Symes. A mark of high personal regard and of appreciation of his services, from a few St. Mary's friends."

Reviews, Football Club Notices, and other notes are held over till the February number.

Christmas in Hospital.

Christmas-day falling on a Sunday this year, it was necessary to restrict the ward entertainments to Boxing-day, and to allow nothing on the festival itself but the usual gastronomic feats. On Christmas-eve, a stalwart phalanx of clerks and dressers worked hard at the decorations, and succeeded in making the wards very gay, and themselves very dirty. There was a plentiful supply of holly and evergreen, and all the wards looked splendid—would have looked better

if we had been vouchsafed a glimpse of daylight to see them in. We are pleased to announce, too, that the elaborate precautions against fire were successful, and that Tuesday was reached without the sun-baked foliage catching fire in any part of the hospital.

We rather missed the carols on Christmas-eve, but the musical talent that flourished among the residents a year or two ago has waned, and the nursing staff are apparently too diffident to tackle the job unsupported. Still, two or three carols were very prettily rendered at the Christmas morning service in Chapel, several of the students assisting the choir for the occasion.

Christmas-day was otherwise unmusical, except for a certain irrepressible individual with a mouth-organ, and one or two outbursts of exuberance after dinner. Dinner was the event of the day, and a very good dinner it was, thanks to the liberality of Lady Harben, who sent some first-rate turkeys for the wards. These, Christmas pudding, and beer were very heartily appreciated, and very soon reduced to clean plates and empty mugs.

On Boxing-day there were entertainments in all the wards, and in spite of gloomy prognostications and a gloomier sky, a goodly number of singers and players came to help. The sisters had given special attention to their tea tables, and very pretty and inviting they all looked. Perhaps the success of the afternoon was the Banjo Quartet (Messrs. Lascelles, Frazer, Bradley, and Heath, with Brimblecombe at the piano). They certainly worked hard, playing three or four pieces in every ward, and deserved the hearty applause they met with everywhere. There is a great deal of local patriotism about hospital patients, and nothing pleases them so much as to be entertained by those they see about them in the ordinary course of work. There was an excellent Pierrot troupe, too, who spent the whole afternoon with us, making the tour of the hospital. They were organised by Messrs Dixon and Webb, and though we heard afterwards that they were short of an accompanist, no one realised that there was a gap anywhere. We congratulate the troupe on their success, and Messrs. Dixon and Webb on their associates. There were many others, too, who worked hard and well to keep the patients amused; their number may be guessed from the fact that the entertainment went on for four hours without a hitch in all the wards. And when half-past eight came, they didn't seem to have had enough, even then.

That ended the Christmas festivities, as far as the wards were concerned, and the decorations were all taken down on Tuesday morning, at an hour when all decent people are in bed. Only the rites of the Christmas tree remained to be fulfilled; this happened on Wednesday. The Punch and Judy Show was a good one—the better, we think, for the elimination of the ghost, which saved us the usual procession of the howling five-year-olds that used to be carried out annually at that point. Then tea. Next, the strains of "See the conquering hero comes," and the entrance of Father Christmas (Mr. Goyder) attended by Robinson Crusoe and Friday (Messrs. Carmalt-Jones and Hobbs). The man from Bradford was in great form, and his delicate hits at everybody (well above the costal margin, be it said) scored again and again with the adult part of his audience, though we rather wonder what the kiddies made of them. Then, after Robinson Crusoe and Friday had shown us what they could do as soloists, they got on with the toys on the Christmas tree, which was very prettily arranged and lighted up. They got done with it very quickly, too; and that was all—until next Christmas.

In Defence of Casualty.

A "DISTICH."

(*Context.*—See the dialogue between Robinson Crusoe (Carmalt-Jones) and Friday (Hobbs), at Children's Christmas Tree, December 27th, 1904.

R. C. Now, Friday, I want to examine your chest.
(*Applying stethoscope*) Say ninety-nine.
How many hours did you have to wait in Casualty?

F. Ninety-nine, sir.

A man came in, his forehead cut,
(We treat them with silkworm gut,)
A trivial case, I tell you, but
In print uncanny.

'Twas just at ten on Monday morn,
When someone with a voice forlorn,
Said "This poor man his brow hath torn."
—The voice of Gr . . . y.

As soon as he came in we said:
"*In time* we hope to dress your head;
Meanwhile on Bovril you'll be fed
Till one on Friday."

He waited there in No. 2
For nine and ninety hours, 'tis true,
He waited as they have to do,
Both man and "lidy."

This cut (from falling in a ditch)
Would be the better *for a stitch*
Or even two, a process which
Would well protect it.

There is a proverb that I've seen,
Invented long ago, I ween,
A stitch in time saves 9, I mean—
You recollect it.

This proverb if your mind will hold,
And not forget the facts just told,
Your thoughts will very soon unfold
The thoughts of mine, sir.

You see the argument that I'm
Endeavouring to put in rhyme,
Two stitches if they're done in time
Save 99, sir.

Though nine and ninety hours had waned
Still three times thirty-three were gained.
Take one from t'other—what remained?
Is logic faulty?

The moral is—though people team
And enter in unending stream,
Things are not always as they seem
In Casualty.

The Anatomy and Surgery of the Frontal Sinus.

By S. MAYNARD SMITH, M.B., F.R.C.S.*
Surgical Registrar to the Hospital.

In discussing the anatomy of the frontal sinuses a brief notice of the salient features in the anatomy of the frontal bone is inevitable. It is usual to describe the bone as consisting of two parts—a vertical part and a horizontal part. The former is the anterior constituent of the cranial vault, whilst the latter roofs in the orbit. The vertical part, as in the case of the other bones of the cranial vault, consists of two layers of compact bone enclosing between them a layer of cancellous bone known as the diploe. In the lower part of the forehead, on either side of the middle line, the two layers of compact bone become separated from each other by the formation of cavities which take the place of the diploe. These cavities are the frontal sinuses. But the frontal sinuses are not confined to the vertical part of the frontal bone. They also extend backwards in the roof of the orbit separating the horizontal plate of the frontal into two layers. The horizontal plate of the frontal bone has a deficiency in the middle line—the incisura ethmoidalis—into which the cribriform plate of the ethmoid fits. (Fig. 1.) If we examine the borders of the ethmoidal notch from below we shall see in front the ostium frontale, and behind this a series of depressions which, by articulation of frontal with ethmoid, complete the ethmoidal cells above. The sinuses throughout their extent are separated one from the other by a bony septum.

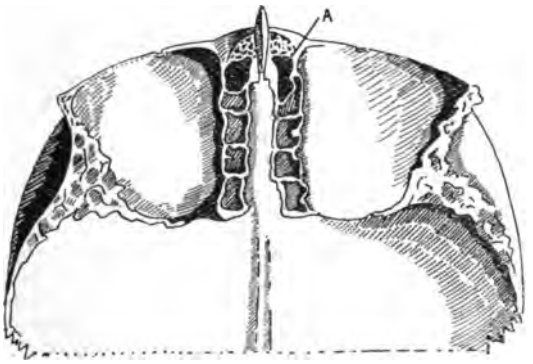


Fig. 1.
Under surface of the frontal bone.
A.—Ostium frontale.

It is necessary here to note certain points of interest on the anterior surface of the frontal bone. There are here two elevations known as the frontal eminences which give rise to the prominence of the forehead, and when excessively developed are variously held to indicate rickets, mental development, and congenital syphilis. Below each of these eminences there is a transverse furrow, and below this again there is a ridge, the supraciliary ridge, which is limited below by the supra-orbital margin. In the middle line above the root of the nose and situate between the mesial extremities of the supraciliary ridges is the glabella. The glabella and the supraciliary ridges usually mark externally the position of the frontal sinuses. Anatomists are however practically agreed that the external configuration of the skull gives no indication of the size or presence of the sinus.

Sir William Hamilton in his vigorous onslaughts on the doctrine of Phrenology in the early Victorian era, based his chief objections on the fact that here at any rate, where the frontal sinus intervenes, the surface of the skull can give no information as to the development of the brain beneath.

The frontal bone is ossified from two centres appearing in the region of the eminences, and there is frequently seen a trace of this mode of ossification remaining in the metopic suture which extends from the root of the nose upwards in the middle line for a variable distance.

The frontal sinuses themselves are absent at birth, as you will see if you examine this frontal bone from a full-time fœtus. They originate as an upgrowth from the ethmoid cell labyrinth at the second year of life, but are hardly recognisable until the seventh year, and do not reach their full development until puberty.

The frontal sinus may be described as a pyramid with three walls and a base. The walls are anterior, posterior, and internal. (Fig. 2.) The anterior wall is the thickest, and is formed by the anterior of the two laminæ into which the vertical plate of the frontal bone splits below. It may contain a small amount of cancellous bone in its substance. The other walls are entirely compact. The posterior wall is formed above and in front by the posterior laminæ of the vertical plate of the frontal bone, whilst further back it is formed by the upper of the two layers comprising the horizontal plate of the frontal bone. Note that

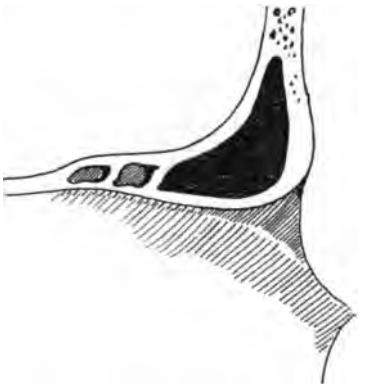


Fig. 2.
Section through frontal sinus.

* Delivered before the St. Mary's Hospital Medical Society, on Wednesday, November 23rd, 1904.

this wall is quite thin. The base or inferior wall is rather more complicated in its relationships. Externally it enters into the formation of the roof of the orbit, but the more internal part of the floor of the sinus (called the nasal portion) is in close connection with the anterior ethmoidal cells, which as mentioned later may form prominences in the interior of the cavity. The internal wall is formed by the bony septum which separates the sinuses of the two sides. This septum is always complete in the healthy bone, although rarely thicker than a sheet of ordinary notepaper. In the majority of cases the septum is mesial in position at its anterior attachment; it is always so when the metopic suture persists. Even when the anterior attachment of the septum is deviated to one side or the other it is nearly always mesial at its lower extremity. Behind its anterior attachment the septum is frequently deviated to one side, the convexity being more frequently to the right. This corresponds with what we find when we examine the relative sizes of the two sinuses—namely, that the left is usually the bigger.

The size of a sinus is subject to very wide variation, not only this, but it is a matter of very great rarity to find a skull in which the two sinuses are symmetrical. The following may be given as the dimensions of a sinus of ordinary size:—Height (measured from the fronto-nasal suture) 1¼ in. Breadth from (septum outwards) 1 in. Depth (from fronto-nasal suture backwards) ¾ in. I have marked out on this skull the position occupied by two sinuses of ordinary dimensions. You will note that the sinus reaches externally as far as the supraorbital notch or rather beyond. But the sinus may reach as far out as the outer angle of the orbit: upwards for 2½ ins. on the forehead: or in a backward direction it may extend along the roof of the orbit as far as the optic foramen. On the other hand the sinuses may be entirely absent. If present, whatever the size of the cavity, it may always be found at the junction of the horizontal and vertical plates of the frontal bone at the antero-internal angle of the orbit. The sinus is larger in men than in women, although I believe an exception must be made to this statement in favour of the natives of the Sandwich Islands. Generally speaking the left sinus is larger than the right.

There is no doubt that these sinuses exist in the great majority of human crania, but as to the relative frequency of their absence most conflicting statements are made. It appears to me that the solution of this lies in the answer to the question: "What constitutes a frontal sinus?" The vertical part of the sinus may be absent, whilst the horizontal part is present. But the frontal sinus is not the only air space in the horizontal plate of the frontal bone. The anterior ethmoidal cells frequently burrow for more or less considerable distances between the two layers of this horizontal plate, and often indeed form prominences in the floor of the frontal sinus. An air space in the frontal bone is not therefore necessarily a frontal sinus. Again, the method in which the sinus terminates below is so variable, and the termination of its duct so intimately connected with the ostia of the anterior ethmoidal cells, that no help as to what is really a frontal sinus can be obtained from consideration of this point. As far as I know the means by which the application of the term frontal sinus is limited by those who give statistics is not clearly pointed out in any instance.

Be this as it may, in the following remarks on absence and presence of the frontal sinus I am quoting from the elaborate researches of Logan-Turner into the comparative anatomy of these cavities in human crania. Absence of the frontal sinus on one or both sides occurs in about one skull in every four. But here I would call your attention to one striking fact. Whereas in European and Asiatic races the frontal sinus is absent on one or both sides in about 17 per cent., yet in the skulls of Australian aborigines and Maoris the sinus is absent on one or both sides in over 50 per cent. There is here a forcible illustration of the generally accepted fact that the external configuration of the skull gives no indication of the size or presence of the frontal sinus. I have here diagrams showing the profile of two skulls (i.) a European skull. (ii.) the skull of an Australian aborigine. (Fig. 3.) Prominent bosses of bone are as you see prominent features in the supraorbital regions of the races in which the frontal sinuses are conspicuous by their frequent absence.

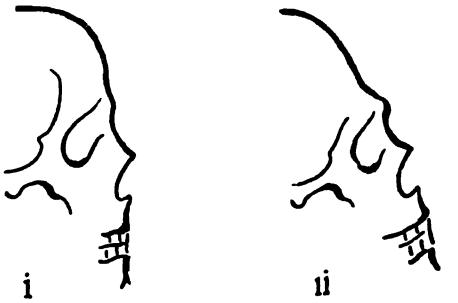


Fig. 3.
Outline of skulls in profile.
(i.) European. (ii.) Australian aborigine.

Think for a moment of the statement of a phrenologist that development of the sinuses is an indication of illiterate and ill-educated people, and then remember that our frontal sinuses are far better developed than those of the Australian Aborigine or the Maori. I will merely mention again that our frontal sinuses as men are better developed than those of women.

I will now deal with the interior of the cavities. (Fig. 4.) It is lined by a muco-periosteum containing glands, and covered by ciliated epithelium. The bony wall of the cavity is not smooth and regular, but has ridges projecting from it, which may more or less completely subdivide the sinus. Examining the floor of the sinus we may see a projection at its inner or nasal part indicating the position of an anterior ethmoidal cell. This projection is known as the frontal bulla.

The ostium frontale is the name given to the upper opening of the naso-frontal duct which is the canal connecting the frontal sinus with the nasal cavity. It lies close to the middle line at the posterior part of the sinus, and is placed at the most dependent part of he cavity. This is quite different from the case of

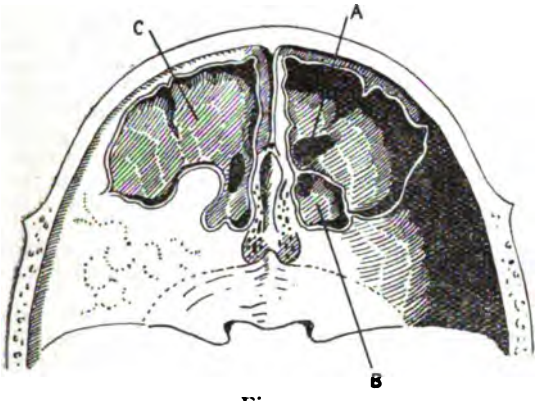


Fig. 4.

Anterior fossa of skull with the roof of the frontal sinus removed. (From a P.M. subject, aged 40.)
A.—Ostium frontale.
B.—An anterior ethmoidal cell; the ostium may be seen at the anterior angle.
C.—The floor of the sinus forming the roof of the orbit.

the antrum of Highmore, the opening of which is situated almost at the highest part of its internal wall. The significance of this is at once obvious when we consider the greater facility with which inflammatory products can gain exit from the dependent ostium frontale than from the elevated opening of the antrum of Highmore.

Here I would call attention to the use of ciliated epithelium in dealing with the secretion of the sinuses generally. I think that we are apt to look upon ciliated epithelium as an interesting but rather useless structure. If however we think of the case of the antrum of Highmore with its ostium high up on its inner wall, the use of and necessity for ciliated epithelium becomes immediately obvious.

I have dealt with the ostium frontale, the upper opening of the naso-frontal duct. If we refer back for a moment to this diagram (Fig. 1) we shall see that this ostium lies in series with the anterior ethmoidal cells. Noting that the naso-frontal duct descends from this point, it will be seen that the duct is in intimate relation to the anterior ethmoidal cells which lie for the most part on its outer and posterior wall: they may however be also anterior or even internal.

The naso-frontal duct terminates below in the middle meatus of the nose. If the middle turbinal be removed from the outer wall of the nasal cavity there are exposed to view the bulla ethmoidalis and the uncinate process of the ethmoid. (Fig. 5.) The bulla ethmoidalis is a projection at the lower and front aspect of the lateral mass of the ethmoid: its prominence is caused by the projection of one or more of the anterior ethmoidal cells. The uncinate process has two borders, an upper free edge, and a lower attached edge. Between the bulla and the uncinate process is the hiatus semilunaris, varying from a mere slit to a broad gutter. The hiatus semilunaris is the passage by means of which the infundibulum communicates with the middle meatus. If the

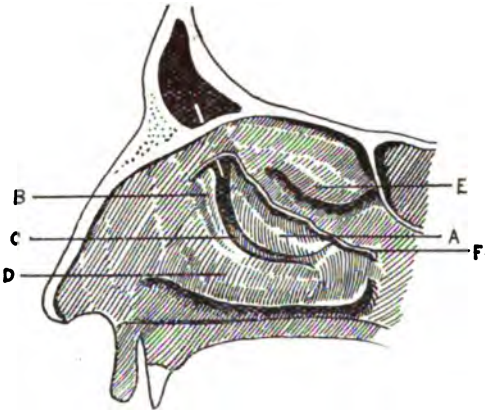


Fig. 5.

The outer wall of the right nasal fossa: the middle turbinal has been cut away at its attachment, and this may be seen stretching forwards from F. A white rod is placed in the frontal sinus, the lower end lying in the infundibulum.
A.—Bulla ethmoidalis. C.—Hiatus semilunaris.
B.—Uncinate process. D.—Inferior turbinal.
E.—Superior turbinal.

uncinate process be now removed we obtain a view of the infundibulum itself. This diagrammatic transverse section shows the relations mentioned. (Fig. 6.) This

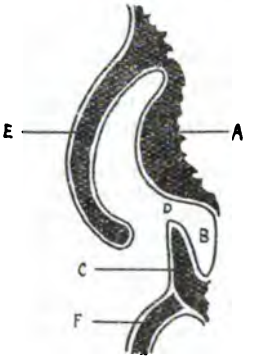


Fig. 6.

Diagrammatic section through middle meatus.
A.—Bulla ethmoidalis. D.—Hiatus semilunaris.
B.—Infundibulum. E.—Middle turbinal.
C.—Uncinate process. F.—Inferior turbinal.

is the ethmoidal bulla (A) forming the roof of the infundibulum (B). This is the uncinate (C) process forming its inner wall, which is here interrupted by the hiatus semilunaris (D), and this is the outer wall formed mostly of the mucous membrane which closes the inner aspect of the maxillary antrum. At the most dependent part of the infundibulum is seen the orifice

of the antrum well hidden by the projecting uncinate process. Along its posterior wall the anterior ethmoidal cells open. In considering the frontal sinus however our chief interest lies in the termination of the infundibulum anteriorly.

In about 50 per cent. of cases it ends in this direction by becoming continuous with the naso-frontal duct, and thus is directly connected with the frontal sinus. In the remainder of cases the infundibulum terminates in one of the anterior ethmoidal cells which lie in relation with the floor of the frontal sinus. It is to be noted then that in about half of all cases the frontal sinus does not communicate with the infundibulum. In these latter cases the frontal sinus, or rather the naso-frontal duct, opens into the middle meatus of the nose in front of the infundibulum.

The function of the frontal sinuses, and indeed of the air-sinuses generally, has for long been a matter of interest, and many suggestions, wise or otherwise, have been made as to the purpose that they serve. They have been said to aid the sense of smell, and to warm and moisten the inspired air. It has been pointed out that the development of the air-sinuses is coincident with the rapid growth of the facial bones which at birth, and for some time after, are very small compared with those of the cranial vault. It has therefore been argued that they are of importance in that they prevent the great increase in weight of the anterior part of the skull, which would otherwise take place. The theory that now, perhaps, finds most favour is that they act as resonators for the voice. Alexander Monro, as early as the 18th century, wrote —"These (the frontal sinuses) and the other cavities which open into the nose, increase the sound of the voice, and render it more melodious by serving as so many vaults to resound the notes. Hence people labouring under a conyza, when they are by the vulgar, though falsely, said to speak through their nose have such a harsh, disagreeable voice." It has been stated that the flat, twangy voice of certain of the native races of Australasia is due to the absence of the frontal sinus. As to our transatlantic cousins I have no information.

I will touch here for a moment on the value of transilluminating the frontal sinus.

Failure of illumination of one sinus whilst the other illuminates well has been looked upon as a sure sign of suppuration on the dark side. If, however, we remember that the frontal sinus is by no means infrequently absent on one side, that even when both sinuses are present and healthy one side may fail to illuminate, moreover, that many diseased sinuses illuminate perfectly well, I think it justifiable to conclude that transillumination of the frontal sinus is of little value in the diagnosis of disease.

I now pass to the second part of my paper—the surgery of the cavity. I intend here to confine myself to the consideration of inflammatory affections only.

These may be acute or chronic.

Acute inflammatory affections of the frontal sinus may result from a general systemic infection. Suppuration has, for instance, been found in cases of pneumonia and typhoid fever. Much more commonly however it is due to the spread of infection from the nasal cavity in the course of acute rhinitis, and especially during an attack of influenza. Or, very importantly, the acute condition may arise in the course of a chronic suppurative affection, the sequence of events being comparable with the same occurrences in mastoid disease.

Chronic inflammatory affections are due in very many instances not to a primary infection of the frontal sinus, but to the spreading of the suppurative process from the contiguous anterior ethmoidal cells, or from the antrum of Highmore; conversely—if the frontal sinus be discharging pus the anterior ethmoidal cells are sure to be infected. Moreover, the pus guided down by the projecting uncinate process finds a ready exit from the infundibulum, not into the nose, but into the antrum through the ostium placed almost as if for that purpose. In fact it is very rare to find chronic suppurative affections of the frontal sinus without accompanying disease in the anterior ethmoidal cells or the maxillary antrum.

The symptoms of the acute cases are chiefly pain and tenderness over the region of the sinus, especially on pressure over the inner angle of the orbital roof. Probably the frontal headaches with which we are all familiar during colds in the head, are due to the participation of the lining membrane of the frontal sinus in the inflammatory process. So long as the ostium frontale remains patent, the condition will almost always clear up without surgical treatment, but if the duct be blocked by swelling of the lining membrane, or the presence of pre-existent polypi or granulations of the orifice of the duct, the exit of inflammatory products is prevented, and the condition is one of abscess in the frontal sinus. Swelling, œdema, and redness of the upper eyelid and of the affected sinus, increased pain and tenderness, and general febrile symptoms will be present. The orbital cavity may readily become involved in the suppuration. Occasionally severe and fatal intracranial complications may ensue from affection of the posterior wall of the diseased space.

In the treatment of mild cases of acute inflammation it will usually suffice to confine the patient to bed, and apply fomentations over the affected sinus. Inhalations of menthol vapour are of much service.

If however the case be of a more serious nature and the treatment just detailed fails, whilst the more serious train of symptoms begins to appear, an external operation is called for. The sinus is opened in the way I shall describe later. The cavity is washed out with some weak lotion, the duct is probed, and the lining membrane swabbed over with a strong solution of zinc chloride. The sinus is then loosely packed with gauze, and stitches are inserted to be tightened later. If all goes well the plugging is left in for 48 hours, and then removed, the cavity is irrigated then replugged for a further period of 48 hours. Usually after this the cavity will appear healthy, the duct is patent and the external wound may be closed. A good result may be anticipated in these cases.

I now come to the question of the diagnosis and treatment of the condition of chronic suppuration.

The leading symptom is a thick yellow purulent discharge from the nose, but this is common to

suppuration in any of the accessory sinuses. Note, therefore, first, whether the discharge comes from above or below the middle turbinal. If from below its origin is limited to the antrum, the anterior ethmoidal cells and the frontal sinus. We may notice also the presence of polypi and granulations upon the anterior end of the middle turbinal and around the ostia of the middle meatus. Next mop all traces of pus away from the middle meatus, and then make the patient bend forward until his head is between his knees, with the the affected side of the head uppermost: keep the head in this position for two or three minutes, and then examine the nose again. The reappearance of pus in the middle meatus region strongly suggests disease of the antrum.

Now look for confirming signs of antral disease.

(1.) Examine the teeth—caries of the second bicuspid or of the first or second molar suggests antral disease.

(2.) Transilluminate from the mouth—darkness of the infraorbital region on the affected side is significant of antral disease.

(3.) Cocainize the inferior meatus and then push a fine trocar and cannula through the inner wall of the antrum close below the anterior end of the inferior turbinal. Let the head be bent forward, and then syringe some lotion through the cannula. If the fluid return mixed with pus disease of the antrum is positively indicated.

Suppose that by the absence of these signs we are enabled to exclude antral disease, we are then left to distinguish between disease of the frontal sinus and of the anterior ethmoidal cells.

Here we may be helped by the presence of tenderness or pain over the frontal sinus. The value of transillumination I have already dealt with. I do not think it of material service. Another method of diagnosis remains. I refer to catherization of the frontal sinus. This proceeding is impossible in many cases. Again, it is very difficult and even impossible to say if the end of the cannula be in the sinus or in an anterior ethmoidal cell. Finally, the absolute differential diagnosis of these two conditions is not essential as I shall show when I deal with the treatment of the conditions, to which I now turn.

First I would urge the importance of thorough intra-nasal treatment before the performance of an external operation. Let me hasten to explain that I am not advocating attempts to open the frontal sinus by an operation from within. Such a proceeding is unjustifiable. By intra-nasal treatment, I mean measures designed to clear away all diseased tissue from the neighbourhood of the nasal opening of the fronto-nasal duct. All granulations and polypi should be completely and thoroughly removed from the region of the middle meatus. The obstructing anterior end of the middle turbinal should be taken away, and any diseased anterior ethmoidal cells broken down and curretted. At the same the patient should use some antiseptic nasal douche. The continuance of free suppuration after the carrying out of these measures shows that there is disease higher up, that is to say in the frontal sinus. In these cases the external operation is indicated, as of course also in those cases in which there are signs of perforation of the bony wall and extension of disease outside, and lastly in those cases where severe pain leads the patient to seek relief.

The best routine operation is I think as follows :— Shave the eyebrows. (Better I think to shave both eyebrows as at any rate the growth is then kept equal.) Plug the posterior nares with a sponge with a string attached and brought out of the anterior nares. An incision is then made down to the bone in the line of the lower edge of the eyebrow from the supraorbital notch to above the inner canthus : the periosteum is reflected, and in doing this it may be necessary to interfere with the pulley of the superior oblique muscle. Then open the frontal sinus by means of a ⅜ in. trephine applied between the middle line and the inner end of the supraorbital margin. Explore the extent of the sinus with a probe, and remove with chisel and mallet enough bone to allow of exploration of all recesses of the cavity. Thoroughly curette and scrape away with a sharp spoon all diseased tissue. Now pass a probe down through the ostium frontale, and with this as a guide enlarge the fronto-nasal duct by breaking down and curetting the anterior ethmoidal cells until a free opening is secured from the sinus into the middle meatus. This opening should be large enough to admit the tip of the little finger. Dry out the cavity thoroughly, and pack it with cyanide gauze. Bring the end of the gauze out through the lower angle of the skin wound, and close this except where the gauze passes. Leave in the gauze for three days, and then remove and re-pack for another period of three days. After this the plugging may be removed altogether and the external wound allowed to close. A nasal douche should be employed constantly during this time and afterwards. The results of the operation are on the whole good.

For a few days after the operation there may be diplopia due to the disturbance of the pulley of the superior oblique muscle.

Septic osteomyelitis has proved fatal in several cases, but it should not be thought that this is anything but a very rare occurrence.

Innumerable other methods and modifications of methods have been, are being, and certainly will be suggested. The time at my disposal is too short to allow of their mention, much less their description. I have described the method which I believe to be most generally applicable and to yield the best results.

I have now to thank you for the courtesy and patience with which you have listened to me, and to express my indebtedness to you for the honour you have done me in inviting me to address you to-night.

Appointments.

JONES, H. CADWALADR, L.D.S., has been appointed Honorary Dental Surgeon to the St. George's and St. James' Dispensary.

Pass Lists.

OXFORD UNIVERSITY.

SECOND M.B. EXAMINATION.

Pathology.—T. HARRIS, B.A.—B. H. SPILSBURY, B.A.

FINAL EXAMINATION.

DEGREE OF M.B.

Medicine, Surgery, and Midwifery.—J. FREEMAN, B.A., C. J. SINGER, B.A., L.R.C.P., M.R.C.S. J. A. VLASTO, B.A.

CAMBRIDGE UNIVERSITY.

SECOND M.B. EXAMINATION.

Anatomy and Physiology—R. L. LEY, B.A

THIRD M.B. EXAMINATION.

PART I.

Pharmacology and General Pathology.—H. E. KITCHEN, B.A. A. C. H. ROTHERA, B.A, E. BEATON, B.A.

PART II.

Surgery Midwifery, and Medicine—R. REES.

UNIVERSITY OF LONDON.

M.D. EXAMINATION.

BRANCH I.

Medicine.—F. S. LANGMEAD, L.R.C.P., M.R.C.S. W. J. MORRISH, L.R.C.P., M.R.C.S.

BRANCH IV.

Midwifery and Gynæcology.—P. MONTAGUE-SMITH, L.R.C.P., M.R.C.S.

PRIZE EXAMINATION.

Clinical Medicine Prize, 1903-4.—
E. T. H. DAVIES, G. S. THOMPSON, } *Æq.*

The Services.

ROYAL ARMY MEDICAL CORPS.

Lieut.-Col. N. MANDERS, L.R.C.P., M.R.C.S., has assumed charge of the Station Hospital, Curepipe, Mauritius.

Captain J. HAY CAMPBELL, D.S.O., L.R.C.P., M.R.C.S., has changed Station from Dover to Colchester.

Captain B. F. WINGATE, L.R.C.P., M.R.C.S., has changed Station from India to Aldershot.

Captain R. L. ARGLES, L.R.C.P., M.R.C.S., has been posted to Salisbury Plain District.

Captain C. H. FURNIVALL, L.R.C.P., M.R.C.S., has changed Station from Quetta to Aden.

Lieutenant F. M. G. TULLOCH, L.R.C.P., M.R.C.S., has proceeded to Uganda for Special duty under the Foreign Office.

Lieut. O. IEVERS, M.B.Lond., L.R.C.P., M.R.C.S., has changed Station from S. Africa to the Military Hospital, St. Helena.

Change of Address.

BARNES, H. E., M.B.Lond., L.R.C.P., M.R.C.S., Eye, Suffolk.

BARRETT. A. K., L.R.C.P., M.R.C.S., 5, Bedford Gardens, Kensington, W.

BARTRUM, A. E., L.R.C.P., L.R.C.S.Edin., 2, Richmond Villas, Mansfield, Notts.

BRYAN, F. C., M.D.Durh. M.R.C.S., L.S.A., 47, Princes Square, Bayswater, W.

CROZIER, G. R. H., L.R.C.P., M.R.C.S., c/o Dr. S. Campbell, Durban, Natal, S. Africa.

DAY, W. F. L., M.B., B.C.Camb., West End, Wetherby, Yorks.

FACEY, W. E., M.B.Camb., M.R.C.S., Beaumont, Southbourne-on-Sea, Christchurch, Hants.

GRAVES, C. F., L.R.C.P., L.R.C.S.Edin., Westwood, Medomsley, Co. Durham.

HODGSON, R. E., L.R.C.P., M.R.C.S., Digbys, Heavitree, Exeter.

JACKSON, A. L., M.D., B.C.Camb., Durham Lodge St. Margaret's-on-Thames.

MANDERS, HORACE, M.D. (Brux), F.R.C.S., L.S.A., 48, Dover Street, Piccadilly, (Teleph. 6513 Gerrard.)

MIDDLETON, J. G., M.D. Aberd., Automobile Club, 119, Piccadilly, W.

POYNTON, F. J., M.D., F.R.C.P., 1, Harley Place, Harley Street, W.

SMYTH, J. D. HIRST., L.S.A. The Porch, Stansted, Essex.

SPRAGUE, F. H., L.R.C.P., M.R.C.S., The Lawn, Brunswick Road, Gloucester.

WADE, R. R., M.D.Oxon, 16, Molyneux Park, Tunbridge Wells.

WRIGHT, R. S., M.R.C.S., L.R.C.S.Edin., Albany Road, Leighton Buzzard, Beds.

Announcements.

MARRIAGES.

HOLYOAK—NIXON.—On January 5th, at St. Peter's Church, Claybrooke, by the Rev. C. F. Hayter, Vicar, assisted by the Rev. W. J. Thompson Vicar of Holy Trinity, Leicester, Ernest William Holyoak, M.B.Lond., L.R.C.P., M.R.C.S., to Evelyn Mary Grace, only daughter of the late Thomas Nixon, Claybrooke, and of Mrs. Nixon, Abbotsford, Westleigh Road, Leicester

POYNTON—CAMPBELL-ORDE.—On December 20th, at St. John's Church, Paddington, by the Rev. A. Simeon, Rector of Yattendon, assisted by the Rev. G. S. Karney, Incumbent of St. John's, Frederic J. Poynton, M.D., F.R.C.P.Lond., son of the late Rev. Francis John Poynton, Rector of Kelston, Bath, to Alice Constance, daughter of the late Sir John Campbell-Orde, Bart., of Kilmorey, Argyllshire.

DEATH.

SILCOCK, A. QUARRY, M.D., B.S.Lond., F.R.C.S., on December 19th, 1904, at 52, Harley Street, W., aged 49.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XI.—No. 2. **FEBRUARY, 1905.** **Price 6d.**

King Edward VII. Fund.

The problem of Hospital Government in London and the discussion which has lately been taking place on the decentralisation of authority, must give all who are seriously interested in hospitals material for much thought. The questions involved are really so inextricably mingled that they must be considered as one, and the pros and cons are not easily summed up, like the fiscal question, on a half sheet of notepaper. We have but recently had a visit from many leading French doctors who found in our system much to admire. It is worthy of remembrance at this time that they almost unanimously ascribed the advantages which the London hospitals had over those of Paris to their freedom from the control of a Central Board, and to the individuality of their efforts and the consequent competition involved.

At the present time it is not the whole subject for and against central administration of which I wish to speak, but the more practical subject of the effect of the King Edward's Hospital Fund on the subscription lists of the general hospitals. Everywhere hospital secretaries are complaining of diminished receipts, and St. Mary's we know has had to face a very serious deficit in last year's working. It is the duty of a secretary to complain of the revenue. No hospital should be free from anxiety as to funds. It is a stimulus to keenness in working in corporate bodies as in individuals to know that life depends on keeping up the struggle. Yet as in individuals so in institutions, that truth only holds within limits, and somehow we seem to be getting dangerously near the limit at St. Mary's. I may be wrong in my surmise, I have not the figures at hand which are necessary to judge by, but I very much doubt whether the grants given by the various big funds, and especially by the King Edward VII. Fund, to the various hospitals in any way make up for the deficits in the incomes of those hospitals which the creation of these funds has caused. In other words, the money subscribed to these funds has simply been taken out of the pockets of the hospitals and a good deal of it has been lost in transit. People have not increased their subscriptions. They have only given in a more public manner. The fund itself is an excellent thing but it should be an endowment fund, and should not enter into competition for annual subscriptions with the hospitals. Only the income arising from its invested capital should be distributed each year, and all contributions to it should be contributions to its capital fund.

Centralisation may be conducive to economical working, it certainly is not to efficient working. Surely in England we have had sufficient experience of the inefficiency of a centralised system in public affairs. Many of us have come even to doubt its economy. Quite near home the centralisation of the management of the water supply has already given rise to an increase in the rates. That, however, is by the way.

Infantile Mortality from Overlaying.

By W. H. WILLCOX, M.D., M.R.C.P., D.P.H.,

Lecturer on Public Health at St. Mary's Hospital.

Mr. President and Gentlemen,

The chief reason why the above subject was chosen for the paper which I have the honour of reading before you was, that the very important question of Infantile Mortality is scarcely touched upon in the medical curriculum, and that by giving a paper on an important factor, one would be calling attention to the very great importance of Infantile Mortality in general. Moreover, the subject of Overlaying is one of very general interest which lends itself admirably to discussion.

The term Infantile Mortality means :—

$$\frac{\text{No. of deaths under 1 year} \times 1{,}000.}{\text{No. of births registered during the year.}}$$

An infant being a child under 1 year. This involves a knowledge of the Births and Deaths.

In 1836 a Registration Act for Births and Deaths was passed, which was amended by a further Act in 1874, making Registration compulsory, and imposed a fine of forty-shillings in default. This had a very beneficial effect, for since 1874 scarcely any Births or Deaths have escaped Registration, whereas formerly a good many Births (5 per cent.) were not registered. All Births have to be registered within 42 days by parents or those present at birth, and the register must be signed in the presence of the Registrar. With regard to Deaths, notice must be given to the Registrar by the relatives, or those present at the death. The Registrar on receiving a Medical Certificate, or after the finding of the cause of death, by a Coroner's Jury, registers the death. It is practically impossible for deaths to escape Registration except in criminal cases, because any person who conducts a service of burial on a body is compelled under a penalty of £10 to inform the Registrar within 7 days, if no copy of the Certificate of Registration is shown to him.

The very high Infantile Mortality from all causes which obtains in this country demands the earnest attention of all students of Preventive Medicine. The method of combating with this is one of the great problems of the day. While death rates from other causes have in a general way considerably decreased during the past 50 years the Infantile Mortality remains as high as ever, and during the decennial period 1891-1900 for England and Wales, it is as high as in the corresponding period 50 years ago. Probably during the next few years the chief advances in Public Health will be in the direction of reducing the high Infantile Mortality as there is the greatest scope in this direction. Deaths from Overlaying or Suffocation in Bed have an important share in the high infantile mortality.

I.

STATISTICAL EVIDENCE.

In the first place the Statistics on the subject must be carefully examined, and in this connection it must be borne in mind that they will certainly give a lower estimate than is actually the case, since undoubtedly many deaths from Overlaying or Suffocation in Bed are registered under other names, viz.: convulsions, etc.

It must be remembered also that the post-mortem signs of Suffocation in Bed are often very indefinite. If the child is seen shortly after death important external evidence may be observed, *e.g.*, the nose may be flattened, the eyes and tongue protruded, froth at the mouth, and congestion of the face and neck may be observed. Hence, it is of the greatest importance that the Medical man who sees the child soon after death should be summoned by the Coroner to make the post-mortem and give evidence at the inquest. His opinion will be of more value than that of the Pathological Expert who make an examination two or three days after death when the signs may have disappeared.

The Annual Reports of the Registrar General for England and Wales, for London, for Scotland, and Ireland have been studied, and some remarkable information has been gained.

I propose to place before you a brief account of the result of these investigations.

First of all it should be stated that Deaths from Overlaying in London are of a magnitude scarcely realized. During the last ten years they amounted to a number equal to the deaths from Scarlet Fever, or Typhoid Fever.

In London the death rates per million of population are more than four times as great as those for the rest of England and Wales which the accompanying tables illustrate.

In 1858 Deaths from Suffocation in London were first recorded separately from those due to Hanging.

In 1876 the deaths from Suffocation were first given in the different age periods, and since, almost all of those occurred under the age of one year, it is obvious that they were almost solely due to Overlaying.

In 1891 the term Suffocation in Bed was first introduced in the London reports, and no doubt a more accurate record has resulted, since a still greater proportion of Deaths occur under one year.

The mean annual Death Rate per million of population for the Decennial period 1891-1900 from Suffocation in Bed was 139·44. In England and Wales for the corresponding period the death rate was 46·45.

But if England and Wales exclusive of London is considered the mean annual death rate from this cause is only 32·46, that is less than ¼ of the corresponding rate for London only.

Statistics therefore show an alarmingly high death rate from Overlaying in London, and I venture to think that scarcely sufficient attention has been paid to this very important factor in our Infantile Mortality. Dr. Danford Thomas has very kindly informed me that in his district (the central district for London)

there were no less than 102 deaths from Overlaying during 1903. For Scotland the mean death rate per million for decennial period 1891-1900 was 48·77, but in the principal towns of Scotland it was as high as 81·86.

The Mortality from Overlaying in Scotland is thus seen to be slightly higher than in England and Wales.

In Ireland the Mortality from Overlaying is very low, being only 14·05 per million for the same period.

TABLE I.

LONDON.

Suffocation in Bed.—Mean Deaths and Death-rates per Million of Population for Decennial Periods.

	Mean Annual Deaths.	Mean Death-rates per Million.
1871-1880 ...	552.6	157.26
1881-1890 ...	644.1	161.01
1891-1900 ...	612.0	139.44

TABLE II.

LONDON.

Deaths from Suffocation in Bed and Death-rates per Million of Population.

Year.	Total Deaths.	Under 1 Year.	Death-rate (per Million of population).
1891	626	608	148.21
1892	621	605	145.45
1893	574	556	133.11
1894	518	508	119.04
1895	631	610	143.83
1896	643	626	145.50
1897	595	568	133.77
1898	660	644	147.56
1899	641	628	142.65
1900	611	602	135.45
1901	553	541	121.67
1902	600	588	131.03
1903	538	534	122.10

TABLE III.

ENGLAND AND WALES.

Deaths from Suffocation in Bed and Death-rates per Million of Population.

Year.	Total Deaths.	Death-rate excluding London	Death-rate including London.
1891	1,768	34.01	46.77
1892	1,677	31.18	43.97
1893	1,656	31.66	43.02
1894	1,650	32.80	42.46
1895	1,865	35.42	47.55
1896	1,809	33.14	45.68
1897	1,736	32.10	43.41
1898	1,763	30.71	43.66
1899	1,793	31.75	43.97
1900	1,780	31.90	43.25
1901	1,629	29.07	39.20

TABLE IV.

SUFFOCATION IN BED.

Decennial Period, 1891-1900.

I.—ENGLAND AND WALES.

Mean Annual Deaths.	U der Years.	Death-rate per Million Population.
1,749.7	1,718.5	46.45

II.—ENGLAND AND WALES (London excluded.)

Mean Annual Deaths.	Death-rate per Million.
1,137	32.46

III.—LONDON ONLY.

Mean Annual Deaths.				Death-rate per Million.
612				139.44
1st qr.	2nd qr.	3rd qr.	4th qr.	
194.6	144.3	105.6	167.5	

IV.—SCOTLAND.

Mean Annual Deaths under 1 Year.	Death-rate per Million
206.5	48.77

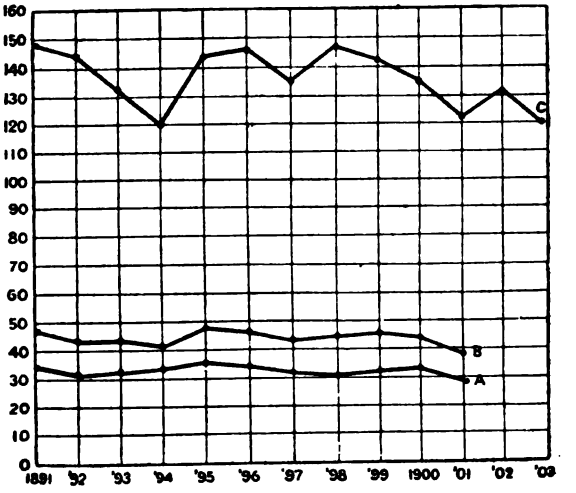
V.—SCOTLAND (Principal Towns).

Mean Annual Deaths under 1 year.	Death-rate per Million.
138.8	81.86

VI.—IRELAND.

Mean Annual Deaths under 1 Year.	Death-rate per Million.
64.1	14.05

TABLE V.



A.—Annual death-rates per million population E. and W. (London excluded).

B.—Annual death-rates per million population E. and W. (London included).

C.—Annual death-rates per million population London only.

II.

CAUSES OF SUFFOCATION IN BED.

The chief way in which this is brought about is by Overlaying, usually of the part of the parents but in rare instances other children, bed clothes, and even cats have been responsible.

The contributing factors may perhaps be briefly summed up in the broad terms Ignorance and Vice.

Points worthy of consideration are the following :—

(*a*) The provision of cradles or cots for infants.

It seems certain that amongst the poorer classes in the crowded districts of London, and many of our great towns the cradle or cot for the young infant is practically unknown. In the country districts the use of cradles by the agricultural classes is on the other hand the rule rather than the exception.

A point in defence of those who object to cradles is that the exposure to cold of a deficiently clad and ill-fed child is perhaps a worse evil than the risk of Overlaying. I do not think however that this contention can be seriously urged.

Also, it is said, "the child won't sleep alone." The reply to this excuse for a bad habit is that a child can extremely easily be taught good habits for it has no bad ones to break. There may be some evil hereditary instincts, but these are quickly overcome in a healthy child by careful training.

(*b*) Drunkenness of the Parents is a most important factor. In some cases perhaps the child may be partly stupefied by the Alcoholic milk it obtains from its Mother, and so rendered unable to struggle sufficiently to arouse the drunken parent overlying it. In this connection should be mentioned the fact that in France and Germany it is not the custom for nursing mothers to take alcohol, and drunkenness in women is much less common than in England. Also the use of the cradle or cot is customary, the result being that deaths from Suffocation in Bed, or Overlaying are quite a rarity abroad.

In London investigation has shown that about 75 per cent. of the cases occur on the Saturday and Sunday nights when unfortunately drunkenness is commoner.

(*c*) Criminal Intent. Undoubtedly in some cases Overlaying may be intentional and the Insurance of the Infant's life has been a suspicious coincidence. However I think it would be an unjust libel on our poorer classes to allow this factor to occupy a prominent position. The opinion of most Coroners is that the majority of cases are accidental.

(*d*) The early age of the Mothers when owing to inexperience the child is neglected.

(*e*) Illegitimacy, where deaths are commoner than amongst legitimate children.

(*f*) Errors in feeding no doubt contribute since a weakly puny child, is much more likely to be overlaid.

III.

PREVENTIVE MEASURES.

So far no very serious steps have been taken in dealing with this problem. But there are signs that the time is at hand when the subject will be strenuously attacked. It has been suggested that legal measures would be useful. That a verdict of Murder or Manslaughter accompanied by a severe punishment would act as an effectual deterrent. However, public opinion in this country is against such a procedure, and hence it is rare for such a verdict to be given by a Jury. In Germany Overlaying of an infant may be brought on as Death from Carelessness, and is punishable by 3 years' imprisonment.

It has been suggested that if Magistrates could inflict two or three weeks' imprisonment in cases of this nature some good would accrue. I think that if any punishment is inflicted, a severe one is necessary, in order that the offence may be regarded with becoming gravity.

There is no doubt that the only effectual way of coping with the problem before us is by the education of the poorer classes.

The gradual removal of ignorance and carelessness on the part of parents, and the awakening of a sense of their responsibilities are bound to be followed by the disappearance of deaths from this essentially preventible cause.

The only certain remedy is to influence in every way possible the Mothers in our over-crowded district, so that they may do all in their power towards the careful bringing up of their offspring.

This can be done and is being done in many parts of the country by properly-trained Lady Sanitary Inspectors and Health Visitors, who by personal visits in crowded districts can by tactful and kindly advice influence the mothers in a way that is more effectual than any amount of legislation. There are happy signs of an extension of work throughout the country in this direction.

Lastly. By the proper education of girls in our Elementary Schools, in the important details of the care of infants, when the time arrives that they themselves become Mothers it will be impossible for such accidents to happen to their children. Being forewarned they will be fore-armed.

It is a happy augury that the Medical Profession as a whole is alive to the importance of the proper teaching of Hygiene in our Elementary Schools, as evidenced by the recent important petition presented to the Central Educational Authorities of the United Kingdom.

It is earnestly desired that this wi result in effective action in the immediate future.

The high Mortality from Overlaying in London and our great towns is almost entirely due to ignorance. It is essentially preventible. The proper Education in Hygiene of Girls in our Elementary Schools would certainly be the means of causing in a few years the lamentable heading Suffocation in Bed, to disappear entirely from our Mortality Statistics.

NOTICE TO CORRESPONDENTS.—*No anonymous communications can be inserted. All communications must therefore be accompanied by the name and address of the sender, not, however, necessarily for publication.*—ED.

Notes.

The election of two Physicians to Out-patients took place at the end of January. They are no strangers that we welcome but simply old friends in new positions, and we heartily congratulate both the Hospital and the new Physicians, the latter because the long, faithful and brilliant work which they have done in the various positions which they have held in the School and Hospital has met with proper recognition, and the Hospital in that it has chosen in Dr. Harris and Dr. Broadbent two men most admirably equipped for maintaining the traditions of the Hospital in clinical work and teaching, men who already regard the Hospital as their medical home, yet who bring with them the wider training gained from experience in other hospitals.

The vacancy on the Senior Surgical Staff has been filled by the promotion of Mr. Lane. There are probably few more popular men in the Hospital than the new In-patient Surgeon. Apart from the Dean he is usually one of the first members of the staff with whom students are brought into contact. (And it is a pity that more of them do not imitate his unfailing punctuality at the Anatomy Lectures.) The interest he shows in all branches of athletics is obviously keen and unforced, and a glance at the record of his own student days shows that it is the interest of one who has himself been active. When the history of the founding of St. Mary's Hospital comes to be written, the part played by Mr. Lane's uncle and father will be found to be a very prominent one, and since 1851 there has always been a Lane at St. Mary's. Mr. Lane himself was elected a Surgeon to Out-patients in 1891. He had been Lecturer in Anatomy for three years previous to that, having succeeded Mr. Owen in 1888.

Mr. Lane's promotion has naturally caused a vacancy amongst the Surgeons to Out-patients. It is not our place to play the part of prophet, but we do not think the Board will have much need to go far in search of a suitable man for the post.

All these various changes have necessitated some re-arrangement of the out-patient days. Dr. Caley takes Monday and Thursday, Dr. Harris Tuesday and Friday, and Dr. Broadbent Wednesday and Saturday. The arrangement of surgical out-patients' days has not yet been finally settled, but we understand that Mr. Collier intends to keep his present days, Wednesday and Saturday; Mr. Low will take Tuesday and Friday, and the new Out-patient Surgeon Monday and Thursday.

Dr. Willcox, the Medical Registrar, has recently passed the Examination for Medicine of the Royal College of Physicians.

The following circular, which will shortly be sent round to all interested in St. Mary's, will, we have no doubt, meet with a splendid response:—"At a General Meeting recently held it was unanimously resolved that a testimonial be presented to Dr. Cheadle, on his retirement from the post of Senior Physician, as a token of personal regard and of appreciation of the eminent services which he has rendered to the Hospital and Medical School during the past 38 years." A thoroughly representative committee has been appointed, of which Dr. Caley is the treasurer, and Messrs. Warren Low and Carmalt Jones the secretaries, the two latter will receive subscriptions, which are not to exceed Two Guineas. A list of subscribers (without reference to the amount of their subscriptions) will be published in the March number of the GAZETTE.

The Committee propose that if funds be available the presentation shall take the form of a portrait of Dr. Cheadle, and we give our unqualified support to this suggestion.

The St. Mary's Hospital Musical Society was at one time a flourishing institution. Various circumstances led to its decease. Like some of the infants of whom Dr. Willcox speaks in this number, it was smothered by pressure from above. Whether the cause was a similar one or not is a question which at the present time it would be fruitless to discuss. But to change the

metaphor, the grain after lying dormant for several years has again sprung into life, and the new Musical Society is already a flourishing plant.

We hope, however, that the lack of Instrumental Talent will no longer be felt after this paper has made the want known to our readers. If we cannot exhort them with Gilbert to "Blow, Blow ye bugles and ye brasses," we at any rate look forward to the time when the soul-stirring strains of the violin and the dulcet pipings of the flute shall be heard in the midst of the newly-constituted Society.

And, lastly, we wish them every success in that admirable series of smokers which they will, undoubtedly, provide next winter for the education of their less talented brethren.

It was the misfortune of the Rugby Team to meet the London Hospital in the first round of the Cup Ties. They played a very strong game against what is probably the strongest hospital team of the year, and though the result was a defeat, it was by no means a disgrace. The team has been handicapped by having played so little together, since before Christmas time the state of the ground has been all against play or even practice. In the case of the London Team the leaven of more experienced players made this of less importance. To St. Mary's, whose best chance lay in the side being able to play well together, the lack of practice was a very serious handicap.

One of the best signs of the life of Hospital athletics is the vigour shown by the 2nd XV. and 2nd XI. These have both managed to bring together full teams for nearly all their matches.

Buoyed up by the bloodless victory of our Socker Team in the first round against George's (who scratched to us), we had contemplated the penning of a stirring summons to all our sportsmen on the subject of those empty cases in the Library, whose mute and piteous appeal reminds us that a few short years ago their sombre frames but served to set off the scintillating glories of many trophies. At that time the very window sills groaned under the weight of massive silver shields. But as we go to press there comes news which we must confess leaves no more spirit in us, that on Tuesday, the 14th, London Hospital, on their own ground, knocked us out of the Association Cup Ties by the liberal margin of seven goals to one; and to make our confusion worse confounded the same opponents on the same day gave us a yet sounder drubbing on the Hockey field. In sooth this report was a pretty Valentine to set before a too sanguine Editor. The account of the matches must remain over until our next issue.

The Subscription Dance in aid of the funds of St. Mary's Hospital, which is to take place on Wednesday, May 24th, at the Empress Rooms, is certainly to be looked forward to as one of the events of the coming season. Mrs. Juler has already received many promises from ladies to act as Patronesses, and bring large parties to the dance. We hope that St. Mary's men will themselves turn out in large numbers. They can both enjoy themselves dancing (and supping), and then go home, with the pleasurable feeling that they have been doing something in aid of a deserving charity, their old Hospital. The dance is going to be a success, and as the number present must be limited by the capacity of the Empress Rooms, it will be well to apply early for tickets. Further details about the dance and the price of tickets will be published in forthcoming numbers.

We understand that a Memorial Brass to the memory of the late Mr. Silcock is to be erected in the entrance hall of the New Wing by his colleagues on the staff.

The next paper at the Medical Society will be read on Wednesday, February 22nd, by Dr. Theodore Hyslop. His subject, "Art and Insanity," gives promise of an entertaining discourse, and those who have never heard Dr. Hyslop's papers should be specially careful not to miss this opportunity of an amusing evening.

Dr. Hyslop has been elected President of the newly resuscitated Musical Society to which we make reference elsewhere. He is almost alone among medical men in the distinction of having had a picture on the line at the Academy, and who among us is ignorant of his position in the world of Alienists?

We desire most earnestly to remind readers and subscribers—[there is a distinction we regret to say]—that subscriptions for the year are now overdue. If we can manage to keep up the present rate for three or four years we can hope to clear off the debt which has been left from the early days of the GAZETTE.

We at last have the opportunity of presenting our readers with a cartoon from the facile pen of Fraser; it would have been a standing reproach to our GAZETTE if we had let this really talented artist live and move and have his being amongst us for a brief five years without leaving in our pages some record of his skill as a sketcher of character—for we do not consider him in the least degree a caricaturist. May we express a hope that his work may in the future reach a larger public than our circle of readers, for his mastery of line and technical ability fully warrant such an expectation.

We hope that those of our readers who are at present at St. Mary's will not grumble at the amount of space devoted to news connected with their predecessors; we can assure them that the announcements at the end of each GAZETTE form the most interesting matter to a large body of our subscribers. When they go down from Mary's they will themselves appreciate this method of keeping in touch with their contemporaries.

We would call the attention of our readers to the merits of Toldt's "Human Anatomy," the different parts of which have been reviewed from time to time in our columns. The plates are excellent, and if used in the right way and *not to replace dissection*, a real help to the student of Anatomy; and the prices are extremely moderate, a rare recommendation to Medical works.

We are glad to see in these bad times that the London and County Banking Company, the Hospital's Bankers, is in such a satisfactory condition as is shown by the Account we publish on another page. A Company must be flourishing indeed which is able not only to pay a dividend of ten per cent. on the half year, but to place £50,000 to the Reserve Fund, and to write down the premises account by £25,000.

Recent Hospital Appointments.

Physicians in Charge of Out Patients.

WILFRED J. HARRIS, M.D. Camb., M.R.C.P.

Dr. Wilfred Harris has been a member of St. Mary's Hospital since 1891. He was educated at Sherborne School and University College and in 1888 he went up to Gonville and Caius College, Cambridge. He graduated there in 1891, and in the autumn of that year gained a scholarship at St. Mary's. In 1894 he graduated M.B., B.C., and then he worked in the eye department of the Hospital for twelve months. His next appointment was that of House Physician to Sir William Broadbent. In June, 1895, he went to the National Hospital for the Paralyzed and Epileptic, Queen's Square, and was there for two years, first as Junior and then as Senior House Physician. In 1897 he returned to St. Mary's, and he has been continuously working for the Hospital since that date. He has held the posts of Junior Medical Tutor, Senior Medical Tutor, Electro-therapeutic Officer, Medical Registrar, and Casualty Physician. In 1899 he was appointed Physician to Out-patients in the City of London Hospital for Diseases of the Chest, Victoria Park, and in 1902 Physician to Out-patients in the Hospital for Epilepsy and Paralysis, Maida Vale.

The list of Dr. Harris's appointments is a good one, but the list of his contributions to medical literature points no less forcibly to the hard work he has done in the last ten years. We cannot here give it in detail, but we may refer to what is probably his most important work on the Morphology of the Brachial Plexus. The papers which he has already published on this subject are but preliminary to the larger paper which he has at present on hand to be offered to the Royal Society.

To such a record of clinical and research works a he can present Dr. Harris can also add the great qualification of excellent teaching capacity. In this results speak for him. During the years he has been Senior Medical Tutor over 70 per cent. of the candidates from St. Mary's have passed the examination of the Conjoint Board.

It is unnecessary to speak of his personal qualities to a St. Mary's audience. He is well known to many generations of students, and the generations yet to come are to be congratulated on having secured one so skilled in teaching as Dr. Harris has proved himself to be.

JOHN F. H. BROADBENT, M.D.Oxon., F.R.C.P.

For many years the name of Broadbent has added lustre to St. Mary's Hospital, and we are glad that the appointment of Dr. Broadbent to the post of Physician to Out-patients will continue for many years to come an association which has in the past been so valuable to the Hospital. While then we welcome Dr. Broadbent from old association, we none the less welcome him equally sincerely for his own qualifications. Educated at Rugby and Oxford he passed all his medical student days at St. Mary's, whence he qualified in 1891. Here also he has held the various offices of House Surgeon, House Physician, Casualty Physician, Medical Registrar, Curator of the Museum and Assistant Pathologist. His training was by no means restricted to St. Mary's. At Great Ormond Street Children's Hospital he was House Physician in 1895 and subsequently a Clinical Assistant for two years. He was Clinical Clerk to Dr. Hughlings Jackson at the National Hospital, Queen's Square, and he studied under the late Professor Charcot at the Salpêtrière, in Paris, for six months. In 1902 he was appointed Assistant Physician to the London Fever Hospital. Dr. Broadbent's contributions to medical literature have been mainly on the subject of cardiac and vascular affections. In 1895 he published a monograph on "Adherent Pericardium," and in 1900 he assisted his father in the publication of what is recognised as the standard work on "Heart Disease."

Those of us who remember the museum some years ago with its jars of undistinguished and indistinguishable "pickles," will readily recognise what a debt of gratitude the present day student owes to Dr. Broadbent for making easy the paths of learning morbid anatomy. Few if any museums in London can show such a fine collection of Kaiserling preparations as those which Dr. Broadbent has mounted in the last three years.

Of his personal qualities it is sufficient to say that we do not think he has ever made an enemy, and his willingness to help any one in any way within his power has made him hosts of friends. We are glad that in him the name of Broadbent will retain a close and worthy connection with the Hospital for which it has already done so much.

St. Mary's Hospital Medical Society.

DECEMBER 7TH, 1904.

The President in the Chair, 31 members present.

The evening was devoted to the examination and discussion of cases.

Mr. Gay-French shewed three cases :—

(1) A man who had suffered from typical attacks of Jacksonian Epilepsy since he had received a blow on the head from a knob-kerry in Pretoria. At operation a cyst was found in the membranes, and he had since been perfectly free from fits.

(2) A man who showed a slight ridge on the surface of the cranium, just palpable, due to a bullet wound. He had had several epileptiform attacks, and was to be operated on the next day.

(3) A young man showing overgrowth of one testicle, and from whom the other had been removed some time previously.

Mr. F. M. Kelly shewed a case on which Mr. Pepper had performed total laryngotomy.

Mr. Carmalt-Jones showed a case of sprue at the time in hospital, and shewed a specimen of the typical slate-coloured massy stools, in which a microscopical specimen by Dr. Willcox demonstrated undigested muscle fibres.

Dr. Harris showed two cases :—

(1) A man—a case of occupation neurosis, brought on by excessive cornet playing. He was unable to put an article, such as a tumbler or cup, without his teeth chattering, so that he had several times bitten out a piece of glass.

(2) A case of muscular dystrophy of the Landouzy-Déjèrine type in a man of 30 years.

Mr. Cope shewed three cases :—

(1) A woman, æt. 50, showing a small hard growth in the sutcutaneous tissue over the supraorbital ridge, diagnosis doubtful.

(2) A boy, æt. 10, showing result of an injury to the eye. The lens was dislocated, the iris partly torn off, showing the suspensory ligament and ciliary processes.

(3) A man with a hypertrophied nose. ? tertiary syphilitic.

The cases were afterwards discussed, and the meeting concluded with a vote of thanks to those gentlemen who had so kindly shown them.

JANUARY 25th, 1905.

The President in the chair. 13 members present.

Microscopical specimens, lent by Mr. Stratford, were shown.

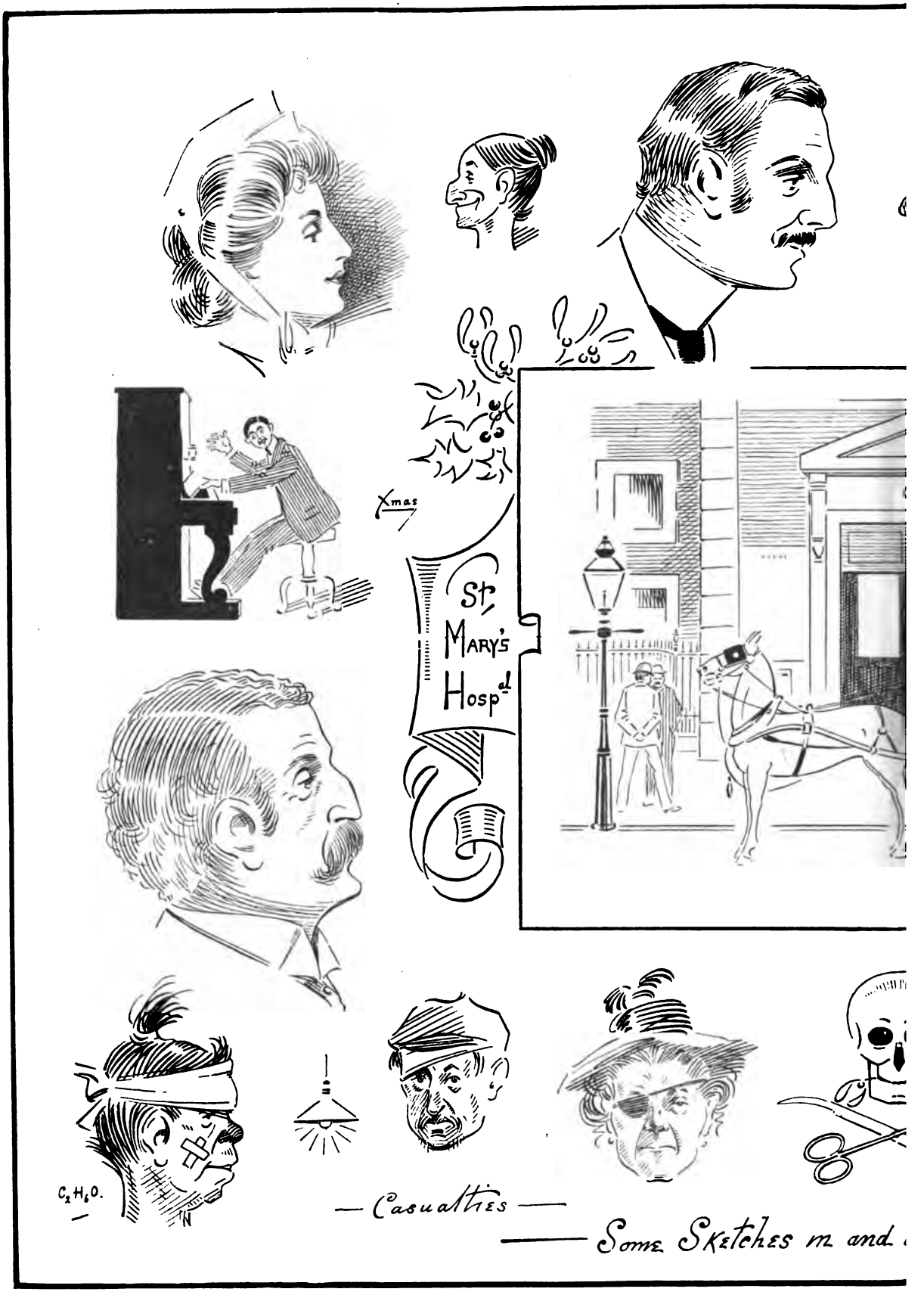
One case, under the care of Mr. Carmalt-Jones, was exhibited, having the signs and symptoms of an aneurysm of the ascending thoracic aorta.

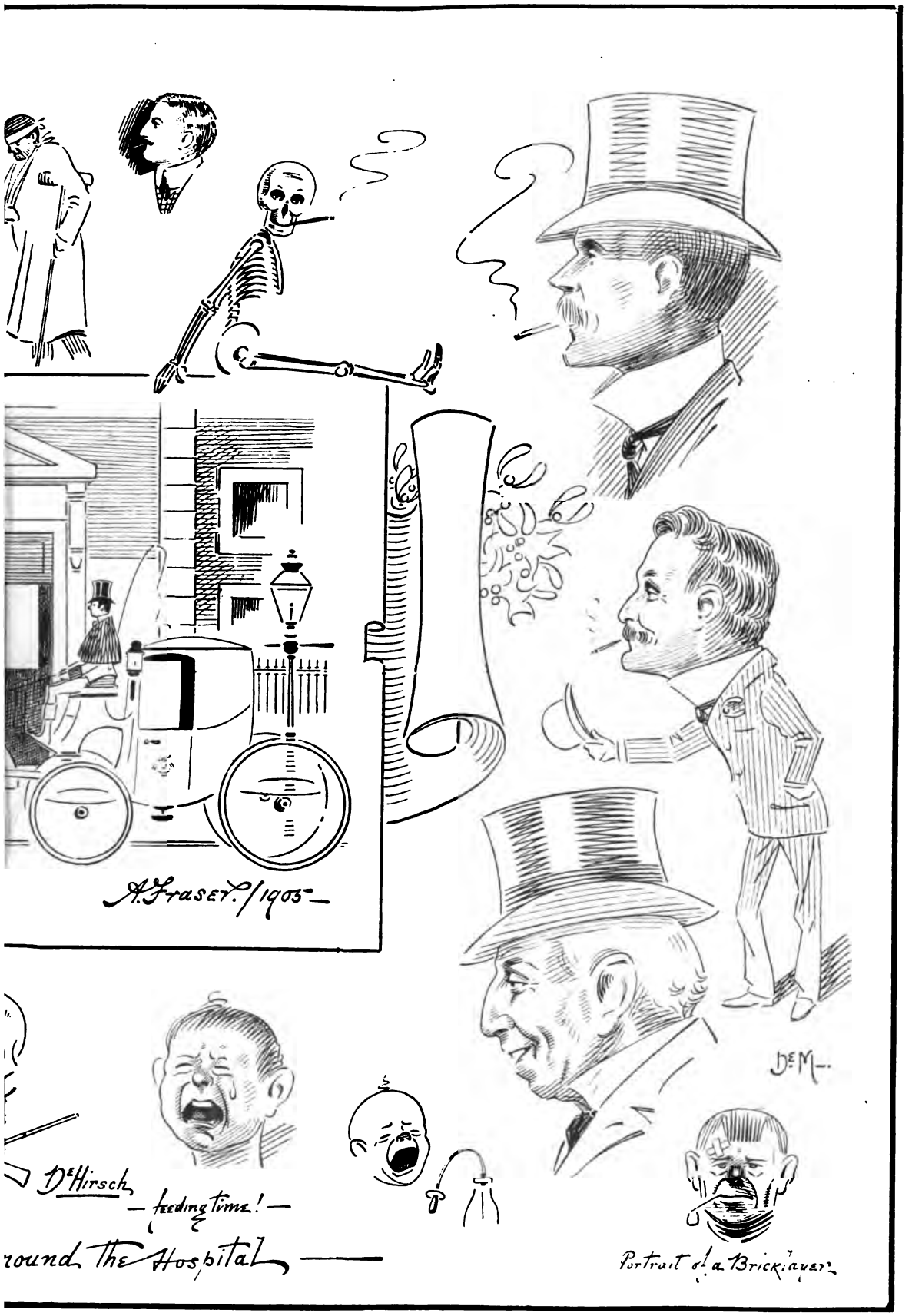
Mr. W. Ashdowne read the paper of the evening, entitled "Acquired Finger Deformities." It was discussed by Mr. Low, and Mr. Ashdowne replied. The meeting concluded with a vote of thanks to Mr. Ashdowne.

FEBRUARY 8th, 1905.

Mr. W. H. Clayton-Greene, Vice-President, in the chair. 28 members present.

Mr. B. H. Spilsbury showed some microscopic specimens, including an angioma of the lung, a gland from Hodgkin's disease, fibro-cystic disease of the testis, and some early carcinomata.


Xmas
St. Mary's Hospl
C_2H_6O.
— Casualties —
— Some Sketches in and


A. Fraser. / 1903
DeM.
DeHirsch
— feeding time! —
round the Hospital
Portrait of a Bricklayer

Dr. Mitchell Bird delivered the paper of the evening, "Erysipelas in the past and in the present."

The paper was afterwards discussed by the Chairman, Messrs. Rous, Ash, Carmalt-Jones, Maynard Smith, Corbin, and Dr. Broadbent. Dr. Bird replied, and a hearty vote of thanks to him and to Mr. Spilsbury was accorded.

The Musical Society.

At a meeting held some short time ago, it was decided by a large number of the musically-inclined members of the Hospital, to re-found the Musical Society which came to an untimely end some few years back. The Society is now firmly established once more, with Dr. Hyslop as President. The Society is at present purely choral, as there appears to be an almost entire lack of instrumental talent, but it is hoped to form an orchestra in the future. Up to the present the Society has not received the support from members that might have been expected. The Christmastide Carols, an old-established custom at Hospital, fell through, as no more than three men could ever be induced to come to the practices. Again, the Chaplain asked for assistance from the Society for the Christmas Morning Service in Chapel. On that occasion five intrepid spirits might have been seen facing a choir of thirty or more nurses. However, they were not in the least daunted, but sang manfully, and were afterwards told that they had greatly added to the tunefulness of the Service.

To clear up any misunderstanding, it should be made known that there is no subscription, the Society being a member of the Amalgamated Clubs, so that every man who has paid his Club's Fee is *ipse facto* a member of the Society. The only cost to a member is the purchase of his music, *i.e.* part songs, which would amount to possibly two or three shillings a year.

It is proposed to give a Concert early in March, and it is greatly to be hoped that every man, however small his vocal talent, will come forward to assist, and make the first Concert of the re-established Musical Society a success.

A Manual of Emergency Operations.

We have been privileged to see the advance sheets of an epoch-making work on operative surgery by those well-known operators, Messrs. Halkem and Slash. Many of the methods recommended have the merit of extreme simplicity. Lack of space prevents us from giving more than a few extracts, but the Holmely advice given in these reTreves the book from the usually dull character of such works. Take first their operation for exposure of the facial nerve. "The method already described for the opening of the mastoid antrum is to be followed by a young and enthusiastic House Surgeon in the first fortnight of his term of office. This plan is seldom known to ail. Comment:—There will be complete unilateral facial paralysis.

ENUCLEATION OF THE EYE.—(1) Position. The patient should be placed in a supine position on the floor and the operator should seat himself on the patient's thorax. Then sharply inserting his thumb at the inner canthus he causes the eye to proptose and with a smart wrench dislodges it from its position. This operation may occasionally be tedious but it has the merit that both eyes may be operated on at one sitting. It leaves considerable disfigurement.

AMPUTATION OF A LIMB:—Instruments required. Motor Cars, Railway Engines, Electric Cars, Brewers' Drays, Mangles, or Circular Saws. Position of the patient. The patient having been partially anæsthetised with an alcoholic mixture places himself in a prone position near the line. The limb to be operated on is laid in position across the nearest rail in front of the approaching car or train. The operation has the advantage of rapidity, but there is some danger of shock and profuse hæmorrhage. There is no need to mark out flaps previous to the operation.

NERVE STIMULATION.—This is usually done with a stout cane at the seat of election.

EXPOSURE OF RADIAL ARTERY.—Instrument required—an unopened soda-water bottle. Position of operator—behind the bar.

INTERSCAPULO-THORACIC AMPUTATION—Take a point five hands-breadths below the external occipital protuberance, and three fingers-breadths below the acromion process, and two lines from the spinous process of the third dorsal vertebra, and two centimetres inside the nipple line. Draw lines joining these points. From the junction of the upper and middle third of a line from the lobule of the ear to the tuber ischii draw a line to meet the others, if you can. Having thus marked out your flaps, reflect your skin and remove the limb. Instruments required—axe or adze. Comment: If you understand this it is much more than we do, and as you will never be required to do this operation, the instructions given are just as valuable as any others.

St. Mary's Hospital Football Clubs.

RUGBY.

INTER-HOSPITAL CUP TIES—1ST ROUND.

ST. MARY'S *v.* LONDON.

This was played at Richmond Athletic Ground on Tuesday, January 31st. Fortunately the weather was fine and the ground in excellent condition. Play started at 3.20, we, having won the toss, playing with the wind and sun. For the first ten minutes the game consisted of a succession of scrummages. Then the play opened out a little, and our opponents gained ground, but the pressure was relieved by a good kick from Quirk into touch. Then we pressed in turn, and rushed down into the London twenty-five, Hawkins, Anderson, and Louwrens being much to the fore, the two latter kicking with much judgment and skill. Some scrummages took place, and then Phillips succeeded in making his "mark," the kick being taken by Treharne, who made an excellent attempt at goal, but unfortunately failed. London's kick from the

twenty-five was well returned by Treharne, and a number of scrummages were held on their goal-line, until one of our men managed to get off-side, when the free-kick gave our opponents a chance of getting up the field again. A series of determined rushes on their part were ably stopped by Louwrens and others, and we again pressed hard, Treharne making a fine attempt at goal by a free kick. For the next twenty minutes we pressed steadily, some good runs being made by our three-quarters. Louwrens had the misfortune to be injured a second time, which so encouraged London that they started a rush, but were kept back by good kicking from Louwrens and Quirk.

After half-time, our opponents again travelled into our twenty-five, and were given two free kicks in five minutes, but with no results. Some scrumming then took place, and in spite of the desperate efforts of our backs they got in behind the posts, and scored an easily converted try. For the next few minutes the game consisted principally of promiscuous kicking, and then a determined rush was made by our forwards, but London again took the ball up towards our goal, and twice nearly scored. Then we pressed again, but one of their three-quarters intercepted a pass, and raced up the field and nearly succeeded in scoring. Again our opponents were on our goal line, and after some fierce scrums managed to again score a try, which was not converted. This seemed to dishearten our men, and within five minutes London scored another try, also not converted. For the next ten minutes the game was all over the field, a good run being made by Phillips, but after some more promiscuous kicking, they again arrived in our twenty-five. A kick by Quirk was taken by their back, and to the onlookers the ball certainly seemed to bounce forward out of his arms. But as the Referee did not see it, they were enabled to score another try, unconverted. Soon after this the whistle blew, our opponents being left masters of the field with a score of 1 goal 3 tries (14 points) to nil.

Our weak point was, undoubtedly, the collaring. Too often one saw men collaring round the neck, or else missing the man altogether, and it was owing to this that London obtained at least two of their tries. The backs were somewhat selfish at times, but otherwise did good work, and the above score shows that the team is far better all round than it was a year ago, especially in the forward line.

Our team.—F. W. Quirk; E. G. Treharne, W. R. Taylor, E. D. Anderson, F. A. Juler; J. J. Louwrens (Capt.), B. Phillips; J. Freeman, R. Bryden, E. G. Galpin, C. M. Wilson, C. T. Hawkins, H. E. Finlayson, T. Evans, K. A. Lees.

London Hospital team.—S. J. Beal; R. J. Vernon, H. F. Curl, T. P. Lloyd, J. M. Peake; J. Grogoner, H. E. H. Oakeley; E. H. Mayhew, C. T. Scott, S. R. Harrison, H. Gibson, S. H. Scott, A. T. Williams, T. A. Jones, E. MacEwan.

ASSOCIATION.

ST. MARY'S HOSPITAL 1ST XI. *v.* CITY OF LONDON SCHOOL.

This match was played at Wood Lane, the ground being ankle deep in mud. During the first half we were shooting at their goal most of the time, but owing to the greasiness of the ball and the adhesive properties of the mud, were unable to score. At half-time the score was nil. The second half was a repetition of the first until about quarter-of-an-hour before time, when the opposing forwards crossed the half-way line for nearly the first time and scored. They scored again before the end. We were thus beaten by 2 goals to nil.

ST. MARY'S 2ND XI. *v.* ST. MATTHEW'S INSTITUTE 2ND XI.

January 28th. This, our first match after the Vacation found us in anything like form on strange ground, and on ground best likened to a mire. Besides, we felt rather weak by the absence of Hare and Marshall; but in Bennett we had an acquisition.

Winning the toss our forwards lost no time in attacking the home goal but without success. However, shortly afterwards we scored through Tyrell. In the second half the feature was Waugh's one man effort. Dribbling from mid-field he cleverly passed his opponents and scored by a swift low shot. The score at full time was 9 goals to nil. The goals were scored by Basford, Smith, Tyrell and Waugh.

ST. MARY'S 2ND XI. *v.* FINCHLEY MANOR 2ND XI.

February 4th. This match was played at home, but unfortunately neither our opponents nor ourselves were at full strength.

Losing the toss we kicked off against a strong wind; nevertheless, we soon were well within shooting distance of the visitors' goal, but unfortunately it was kicked wide. However, again we formed to the attack and Hobbs scored by a quick shot.

Restarting the visitors by quick passing reached our goal, but from an offside kick the ball once more was sent down the field, and from then till the finish the play was pretty much all our own. We having in the meantime scored 4 goals through Hobbs and 1 through Basford. Result, 6 goals to nil.

Out of 7 matches played the 2nd XI. has won 5. Their goal record is 30 goals for, and 10 against.

E. W. ARCHER,
Hon. Sec.

Appointments.

BOND, C. W., L.R.C.P., M.R.C.S., has been appointed House Surgeon to the General Hospital, Nottingham.

COOMBS, F. CAREY, M.D., B.S.Lond., has been appointed Curator of the Museum to the Bristol General Hospital, and is also appointed Registrar to the Royal Hospital for Sick Children, Bristol.

DRAPES, T. L., L.R.C.P., M.R.C.S., has been appointed Senior Obstetric Officer to the Hospital.

GIBBINS, K. M., L.R.C.P., M.R.C.S., has been appointed House Surgeon to the East Sussex Hospital. Hastings.

JOHNSON, SMEETON, M.B.Lond., L.R.C.P., M.R.C.S., has been appointed Assistant Medical Officer to the County Asylum, Rainhill, Nr. Liverpool.

LEES, HAROLD C., M.B., B.S.Lond., L.R.C.P., M.R.C.S., has been appointed Junior House Surgeon to the Blackburn and East Lancashire Infirmary.

RAHILLY, J. M. B., M.B., B.S.Lond., L.R.C.P., M.R.C.S., has been appointed House Surgeon to Mr. Ernest Lane.

SINGER, C. J., M.B.Oxon., L.R.C.P., M.R.C.S., has been appointed Junior Obstetric Officer to the Hospital.

STEPHENS, J. B., M.B., B.S.Lond., L.R.C.P., M.R.C.S., has been appointed House Physician to the Sussex County Hospital, Brighton.

WELLS, L. T., L.R.C.P., M.R.C.S., has been appointed Medical Officer to the Wakefield and District Light Railway Company.

Pass Lists.

UNIVERSITY OF LONDON.

INTER-M.B. EXAMINATION IN MEDICINE.

Anatomy, Physiology, and Pharmacology.—C. T. Hawkins, E. H. Kettle (Distinguished in Physiology), E. W. Squire, A. A. Straton, C. W. Vining, C. M. Wilson.

CONJOINT BOARD.

FIRST EXAMINATION.

Practical Pharmacy—F. H. Stephens, A. S. Webley, C. T. Edmunds.

Elementary Biology—H. E. Finlaison, A. J. Tozer, S. R. Waugh.

SECOND EXAMINATION.

Anatomy and Physiology—C. C. Keates, W. R. Taylor, E. C. Pope.

FINAL EXAMINATION.

Midwifery—E. A. W. Alleyne, E. C. Hobbs.

Surgery—G. E. Ferguson, W. E. Paramore, W. Q. Bown, A. E. Henton, H. Bazett, H. S. Hollis, A. E. Leapingwell.

Medicine—G. E. Ferguson, A. H. Bond, S. H. Warren, F. A. Juler.

L.R.C.P., M.R.C.S.—G. E. Ferguson, A. H. Bond, S. H. Warren, W. E. Paramore, W. Q. Bown, A. E. Henton.

ROYAL COLLEGE OF SURGEONS.

PRIMARY FELLOWSHIP.

Anatomy and Physiology—A. Fleming.

ROYAL COLLEGE OF PHYSICIANS.

M.R.C.P.—W. H. Willcox, M.D., D.P.H., B.Sc.Lond.

SOCIETY OF APOTHECARIES.

PRIMARY EXAMINATION.

PART I.

Biology—A. J. V. Matthews.

The Services.

ROYAL ARMY MEDICAL CORPS.

ENTRANCE EXAMINATION.

E. G. R. Lithgow, L.R.C.P., M.R.C.S. (15th).

J. M. B. Rahilly, M.B, B.S.Lond., L.R.C.P., M.R.C.S. (21st).

(68 Competed—25 Commissions.)

CHANGE OF STATION.

Lieut.-Col. T. E. Noding, L.R.C.P., M.R.C.S., has changed station from Parkhurst to S. Africa.

Lieut. H. H. J. Fawcett, L.R.C.P., M.R.C.S., has changed station to Natal, S. Africa.

Lieut. D. Le Bas, L.R.C.P., M.R.C.S., has changed station from Netley to India.

Lieut. E. H. Milner Moore, L.R.C.P., M.R.C.S., has changed station from Aldershot to S. Africa.

Capt. P. S. Lelean, F.R.C.S.Eng., has changed station from W. Africa, and assumes Medical charge of Women and Children, Marlborough Lines, Aldershot.

INDIAN MEDICAL SERVICE.

ENTRANCE EXAMINATION.

R. K. White, L.R.C.P., M.R.C.S. (3rd).

(35 *Competed.* 14 *Commissions.*)

ROYAL NAVY MEDICAL SERVICE.

Staff Surgeon M. H. Knapp, L.R.C.P., M.R.C.S., is appointed Instructor of Sick Berth Staff at Plymouth Hospital (dated January 17th).

Staff Surgeon R. T. Gilmour, L.S.A., has been appointed to H.M.S. "Egmont."

Surgeon L. Lindop, L.R.C.P., M.R.C.S., has been appointed to H.M.S. "Bacchante" for passage home.

Surgeon R. M. Richards, L.R.C.P., M.R.C.S., is appointed to H.M.S. "Vulcan" on re-commissioning.

VOLUNTEER CORPS.

Surg.-Lieut.-Col. P. E. Hill, M.R.C.S., L.S.A. (Brigade Surg.-Lieut.-Col., Senior Head Off. S. Wales Border Volunteer Infantry Brigade), is granted the honorary rank of Surgeon Colonel (dated Feb. 8th, 1905).

Change of Address.

ATKINSON, H. L., L.R.C.P., M.R.C.S., Mountside, Kirkstall, Leeds, Yorks.

BARBER, J. W., L.R.C.P., M.R.C.S., Albion House, Bath Street, Ilkeston, Derbyshire.

BULLEN, H. J. L., M.R.C.S., L.S.A., Civil Surgeon, The Barracks, Lichfield, Staffs.

BUTLER, T. LANGTON, L.R.C.P., M.R.C.S., The Firs, Guildford.
BURPITT, H. R., L.R.C.P., M.R.C.S., 87, Horninglow Street, Burton-on-Trent.
CLARKE, E. R., M.B., B.C.Camb., L.R.C.P., M.R.C.S., 8, Ladysmith, Mount Gould, Plymouth.
CLARKE, G. G., L.R.C.P., M.R.C.S., Foulby, Nr. Wakefield, Yorks.
COOKE, F. A., M.D.Durh., L.R.C.P., M.R.C.S., Church Square, Haddenham, Bucks.
COOKE, J. B., L.R.C.P., L.R.C.S.Edin., Convict Prison, Portland, Dorset.
CROWE, J. T., L.S.A., Ashley House, Cudworth, Yorks.
CROZIER, G. R. H., L.R.C.P., M.R.C.S., "Glenlyon," Musgrave Road, Durban, Natal.
CUNDELL, H. J., L.R.C.P., M.R.C.S., The Nook, Forest Road, Kew.
DOLMAN, C., L.R.C.P., L.R.C.S.Edin., Vaughan House, Caerphilly, S. Wales.
DONALDSON-SAM, L.R.C.P., M.R.C.S., Van Ryn, G.M. Estate, Benoni, Transvaal, S. Africa.
EVANS, G. J., L.R.C.P., M.R.C.S., 69, St. Giles Street, Northampton.
FAULKNER, E. O., L.R.C.P., M.R.C.S., Copland House, Stanford-le-Hope, Essex.
FINNIE, J. E., L.R.C.P., M.R.C.S., 69, Liverpool Road, Birkdale, Southport.
FINLAY, D. E., L.R.C.P., M.R.C.S., "Southville," Park Road, Gloucester.
FLETCHER, W., M.B., B.C.Camb., Taipeng, Perak, Straits Settlements.
FOSTER, A., L.R.C.P., M.R.C.S., Cowley, Blenheim, Marlborough Plains, New Zealand.
GWILLIM, R. D. H., L.R.C.P., M.R.C.S., L.S.A., 145, Above Bar, Southampton.
GROVE, E. G., L.R.C.P., M.R.C.S., Bootham Park, Yorks.
HARRIS, A. G. R., L.R.C.P., M.R.C.S., Broomhill Villa, Gledhow, Leeds.
HUELIN, L., L.R.C.P., M.R.C.S., 2, Parkside, Pierson Road, St. Heliers, Jersey.
KEELING, H. N., L.R.C.P., M.R.C.S., 26, Bagdale, Whitby, Yorks. (Teleph. 085 Whitby).
LONGHURST, E. T., L.S.A., Bank House, Hanwood, near Shrewsbury.
LOW, A. W., M.R.C.P., M.R.C.S., Milford House, Milford Haven, S. Wales.
MCENNERY, A. R., L.S.A., c/o Royal Mail Company, Canute Road, Southampton.
NATHAN, E. A., M.D., B.S.Lond., L.R.C.P., M.R.C.S., Goch's Buildings, Eloff Street, Johannesburg, S. Africa.
PAINE, G. R. R., M.R.C.S., L.S.A., Lympstone, Devon.
PATON, J. SCOTT, L.R.C.P., M.R.C.S., 12, Manor Place, Paddington, W.
PROCTER, G. W., M.B.Durh., L.R.C.P., M.R.C.S., 61, Colwick Road, Swinton, Notts. (Telephone 280 Y Nottingham).
RACKER, E. C., L.R.C.P., M.R.C.S., Ashfield, Cheadle, Hulme, Manchester.
ROBERTS, EVAN, L.R.C.P.Edin., L.S.A., 77, Plasket Lane, Upton Park, E.
ST. LEGER, A. Y., L.S.A., "Glenavon," Observatory Road, Cape Town, S. Africa (Telephone 1035).
SEAGER, H. W., M.B., M.S.Durh., M.R.C.S., Rumwell, near Taunton, Somerset.
SHARPLES, J., L.R.C.P., M.R.C.S., Longlands, Stamford Bridge, York.
SHOOSMITH, L. S., L.S.A., Temperance Hotel, Swaffham, Norfolk.
SIEVWRIGHT, H. G., L.R.C.P., M.R.C.S., 240, Newport Road, Cardiff.
STEEN, R. H., M.D.Lond., The Hollies, near Dartford, Kent.
STEVENSON, W. B., L.R.C.P., M.R.C.S., Aliwal North, Cape Colony.
SUGDEN, H., L.R.C.P., M.R.C.S., 7, St. Edward's road, Southsea, Hants.
TRUMPER, W. A., L.R.C.P., M.R.C.S., Bethulie, Cape Colony, S. Africa.
TUXFORD, A. W., M.B.Durh., L.R.C.P., M.R.C.S., 54, East Street, Faversham, Kent.
TYTHERIDGE, W. R., L.R.C.P., M.R.C.S., Opawa, Christchurch, S. Island, New Zealand.
WHITEHEAD, C. B., M.B.Lond., L.R.C.P., M.R.C.S., Frenchgate, Richmond, Yorks.
WOOD, E. S., L.R.C.P.I., M.R.C.S., Radmount, Buckfastleigh, S. Devon.

Announcements.

BIRTH.

WILSON.—On December 30th, 1904, at "Markington," Riverdale Road, Sheffield, the wife of A. Garrick Wilson, M.B.Camb., F.R.C.S., of a daughter.

MARRIAGES.

FINLAY—DRURY.—On January 12th, at the Parish Church, Hucclecote, near Gloucester, Douglas Edward Finlay, L.R.C.P., M.R.C.S., son of the late James Finlay, of Somerville, Cheshire, and Longvale House, Hereford, to Constance Sarah, daughter of the late Charles Drury, of Gloucester.

MAURICE—BURDETT.—On February 1st, at St. Stephen's Church, Westbourne Park, Capt. George Thelwall Kindersley Maurice, R.A.M.C., L.R.C.P., M.R.C.S., eldest son of J. Blake Maurice, M.D., J.P., of Lloran House, Marlborough, to Olive, youngest daughter of Sir Henry Burdett, K.C.B., of "The Lodge," Porchester Square, W.

TULLOCH—HUNTING—On December 1st, at Holy Trinity, Clapham Common, by the Rev. F. W. Metcalf, M.A., Vicar of St. Barnabas, Clapham Common, assisted by the Rev. W. Boyd, M.A., Vicar of All Saints', Norfolk Square, W., Forbes Manson Grant Tulloch, M.R.C.P., M.R.C.S., youngest son of Surgeon-General Tulloch, of Balnoon, Eastbourne, to Winifred Elizabeth Louise, eldest daughter of Charles S. Hunting, of Eachwich Hall, Northumberland.

WOOD—BALL.—On January 18th, at the Church of St. John the Baptist, Penshurst, by the Rev. Canon G. Maberley Smith, Rector, assisted by the Rev. E. H. Vigors, Louis Edmund, eldest son of Louis Henry Wood, of Dulwich, to Mary Georgiana, widow of Major Francis Ball, and eldest daughter of the late G. W. M. Liddile, of Sutton-in-Holderness and Keldy, Yorkshire.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XI.—No. 3. MARCH, 1905. Price 6d.

Editorial.

THE recent Report of the Commission appointed by the Prince of Wales in connection with the King Edward VII. Hospital Fund has brought into public prominence the subject of the relationship between the teaching Hospitals and their Medical Schools. The report very freely recognises the great advantages which accrue to a Hospital from having a Medical School attached to it; but, as their recommendations show, they consider the compensatory advantages are so much greater that the Hospitals are not justified in using any money at all for the upkeep of the Medical School. We must of course allow their premiss that without the Hospitals medical training would be practically an impossibility in this country. The separation of the Medical Schools from the Hospitals may therefore be regarded as an equal impossibility. No doubt in the minds of many very conscientious people who contribute to Hospital funds the only bad things about the Hospital are the doctors. We have heard of cases, not in the very distant ages, in which a similar view was held by boards of management. But we imagine that even the most bigoted regard the medical man as a necessary evil. If we can assume that he is necessary, then he must be educated, and being educated, some inducement must be offered him to give his services to the Hospital. Altruism is a beautiful thing in theory, but it does not require a cynic to see that it isn't a pure altruism which is the motive which attracts all the finest intellect in the medical profession to devote their most valuable time to the service of a Hospital. It is no idle boast to say that there is more work done with no reward, and with no thought of reward, by doctors than by any other class of men; but there are other motives at work. These vary with the individual. With some it is the actual enjoyment they get in investigating abstruse cases; with others the pleasure of exercising a skilled art; some have their delight in furthering their own knowledge; others, again, in imparting knowledge. In all, to a greater or less degree, there is the factor that on their success as teacher, clinician, or operator in the Hospital will depend their material prosperity. We can take it then that the inducement offered is quite sufficient to attract men to the staff of a Hospital without any question of pecuniary recompense.

Another premiss that we are justified in stating is that the teaching Hospitals get the finest men on their staffs. That we think requires no argument. The value of a Hospital must ultimately depend on its medical staff, and this depends on its possessing a Medical School. We do not wish to decry the valuable services ungrudgingly performed by many laymen in Hospital work, but Hospitals would go on, and do go on, without their help. A Hospital without a medical staff is unthinkable. A more material consideration is the actual money saving to the Hospital from the presence of a Medical School and the consequent free services rendered by students and the newly-qualified men. We understand that in the case of St. Mary's Hospital Medical School

rates are paid by the Hospital, and, in addition, the Hospital pays the Pathological department the sum of four hundred and fifty pounds for services rendered. These are the only sums that can be regarded in any sense at all as contributions to the upkeep of the Medical School. Let us look at the other side of the account, and suppose for a moment that there were no students at St. Mary's, and consider what extra payments would be required for the proper administration of the Hospital. First of all there would at once be required a salary of £100 a year to eight residents at present unpaid. That makes a beginning of £800. Secondly, we do not at all agree with the conclusions of the Commission that the nursing is done *as efficiently*, and at as low a cost, in the non-teaching Hospitals as in the teaching Hospitals. The evidence that the Commission had laid before them may have led to that conclusion, but we feel sure that it is not a right conclusion, and to secure even approximately as efficient care of the patients would demand an increase in the nursing staff. A still further point which requires to be brought out more clearly is the fact that the out-patient departments in teaching Hospitals are enormously more important than in non-teaching Hospitals. Yet this is not noted when we are asked to contrast the relative expense per bed of different hospitals. Nothing could be more unfair than to state that the cost of Hospital A. is £70 a bed and Hospital B. is £120 a bed. This is, however, by the way.

The midwifery work in connection with the Hospital would either have to be dropped altogether or three extra men appointed to do the work, at a salary of £100 each and expenses. The meagre honorariums which at present are offered to the medical and surgical registrars would have to be doubled, if not trebled, in order to secure men of anything like the same calibre as at present. And when all this extra expense had been incurred, there would still be lacking the stimulus provided by the knowledge that one is working before critical eyes. Finally, we may briefly put what is to our minds the strongest argument of all. It must be recognised that the larger teaching Hospitals of London are National institutions, and not parochial. Non-recognition of this fact has led to error and friction in the past, and is still leading to error and friction. The Committee of the King Edward VII. Fund are partly responsible for the parochial idea, but we feel sure it is the wrong idea. A London teaching Hospital must recognise that it has duties far wider in scope than the mere care of the sick poor of its immediate neighbourhood. It is responsible for the provision of medical men who may be scattered up and down over the face of the earth, from China to far Peru, and to whom the care of the sick of all classes of society is entrusted. It has a responsibility to the State for the adequate training of these men. It is the place to which these men naturally turn for assistance when in doubt or difficulty about a case. Can we wonder then that friction arises when the narrow parochialism which has crept into being of late years denies to the old members of the Hospital School the advice and assistance they ask! We feel sure it is only the lack of a proper representation of the broader, nobler destiny of the teaching hospital which prevents it from receiving full recognition from the worthy men who have drawn up a well-meaning, but too narrow Report for His Royal Highness the Prince of Wales.

Recent Appointments.

Surgeon in Charge of Out-Patients.

W. H. CLAYTON GREENE, M.B., F.R.C.S.

The vacancy on the Out-patient Staff has been filled in a most adequate fashion. Since Mr. Clayton Greene joined the St. Mary's Hospital there has been little doubt in the minds of anyone who came in contact with him that his career as a surgeon was destined to be a brilliant one. For a time the alluring byways of Pathology seemed to be enticing his footsteps away from the straight path of surgery, but his fate was too strong for him, and in surgery he has found his true *metier*. Only comparatively recently we gave a record of his professional career in chronicling his appointment as Supernumerary Assistant Surgeon. We feel then that it is needless to recapitulate at this time. We can only say that in him St. Mary's has secured a surgeon who is already of proven skill, a clinician of merit, and a teacher whose power of clear, lucid, and forcible exposition has already given him a name beyond the bounds of St. Mary's Hospital. He is a man to whom we can look forward with confidence to add by the renown which he himself will gain in surgery, lustre to the fair fame of St. Mary's Hospital.

Abstract of a Paper on Erysipelas, in the Past, and in the Present.

Read before the Medical Society, Feb. 8th, 1905,

By M. MITCHELL BIRD, M.D., M.R.C.P.,
Medical Superintendent of the Hospital.

After a few preliminary remarks, and a definition of Erysipelas, Dr. Bird said :—

The history of Erysipelas is especially interesting since the disease was well known and described in the earliest medical records to which we have access.

The ancients, however, did but little in the way of the ætiological investigation of this disease, but in place of this they built up a great series of varieties of Erysipelas, according to the point of view of the observer, one author enumerating no less than 38 varieties.

Their pathology was what was known as humoral pathology. This pathology explained diseases as disturbances of four imaginary humors or elementary principles of the body ; their concoction or digestion resulted in the production of a determination or crisis, with the discharge of morbid material.

These humoral pathologists considered Erysipelas as the expression of a general blood disease ; and from the fact that they frequently observed cases in which several days' fever preceded the appearance of the eruption, as in those cases in which the disease starts in a mucous membrane or in the hairy scalp, they concluded that the fever was the most important phenomenon in Erysipelas, and therefore classed this disease with the infectious fevers.

The fever in Erysipelas was caused, they said, by the accumulation of an acidity in the blood, the skin eruption being of quite secondary importance, and merely expressing a localisation of the general blood disease, brought about by nature's efforts at throwing off the materia peccans existing in the body by way of the skin.

They considered Erysipelas as chiefly due to gastric disturbances and some alteration of the bile, to excrementitious biliary products, and foul and effete matters of the stomach, which, getting into the blood, produced this disease.

Hippocrates, who lived about five centuries B.C., distinguishes between idiopathic and traumatic Erysipelas, but not between Erysipelas and phlegmon.

Hippocrates was a supporter of the expectant method of treatment ; he believed that nature cures disease by certain of the processes constituting the disease, whilst other of the processes were the effect of the disease itself, and were simply injurious. These salutary processes were the means by which the peccant material was cast out of the body. Hippocrates says : "It is certain that Erysipelas gets its opportunity from insignificant and often very small ulcers, and particularly in sexagenarians, about the head, should wounds of that part be somewhat neglected." He does not say much about treatment ; incidentally he mentions that cold is profitable where there is or will be a flux of blood—not that it should be applied to the very place, but thereabouts, to prevent its afflux. And if there are any inflammations or burnings, tending to a red and bloody colour, caused by a new flux of blood, then apply cold things to them.

Sydenham, who was born in 1624, and died in 1689, regarded Erysipelas as a fever to begin with, and the fever as nature's engine for the removal of her enemy. His method of treatment was to let 9 or 10 ozs. of blood on his first visit to the patient, then to purge him, and after purging to foment the part affected. As regards diet, he ordered the patient to sup only barley broth and water gruel, to eat roast apples and drink small beer, and to refrain from bed for some hours every day. If the fever and other symptoms did not soon subside, he repeated the bleeding, and sometimes found it necessary to bleed a third time ; but he says the single bleeding and purging generally effect the cure, provided they be used in time.

Passing on a hundred years or so in our survey, we find the treatment consisting of emetics, purgatives, and bleeding grown far beyond the milder measures mentioned by Sydenham. Not a single emetic, but emetics repeated from time to time, often associated with continuous purging and the withdrawal of huge quantities of blood. Bromfield, in his Chirurgical Observations, written in 1773, says : "I remarked in this practice, the swelling of the face generally subsided and the patient died."

The treatment of Erysipelas by puncture with a lancet dates as far back as the sixteenth century. Ambrose Paré used it freely, and Lisfranc always employed it in his practice. The method consisted in "making punctures from 2 to 4 tenths of an inch in depth with a lancet held between the finger and thumb, with more or less of the lancet exposed according to the depth to which it was desired to go. These punctures were made all over the Erysipelatous part, no matter whether it occurred on the face or anywhere else. The punctures, sometimes numbering 50 or more, were repeated as required, mostly twice a day, and often in bad cases three or four times in 24 hours. Fomentations were then applied to encourage the outflow of serum and blood. It is said that this method afforded great relief, and that bad results were rare. Nitrate of silver was commonly used, and they did not hesitate to apply it to the face. Tincture of iodine was used. Mercurial preparations were thought by some to be specific in their action. The actual cautery and blisters were also applied.

Erysipelas was from the earliest times considered sometimes to be epidemic. That Erysipelas is very contagious does not appear to have been known to the ancients at all, and even as late as the year 1800 it was not a common opinion among practitioners of medicine that Erysipelas was a contagious disease. It is surprising to notice the slowness of the growth of this belief, since its occurrence in the Hospitals was so common that it was one of the most powerful factors in preventing the advance of surgery. Almost every kind of injury was followed by it : it occurred after bleeding, leeching, and blistering, the application

of sinapisms or irritating ointments or liniments after burns and ulcers of all kinds; and as regards operations, it occurred so frequently after them that unless they were absolutely necessary they were postponed as long as possible.

It is well also to bear in mind that Hospitals were not the only public institutions in which Erysipelas was apt to be rife. In many Lunatic Asylums, Prisons, and Charity Schools, especially on the Continent, Erysipelas appears to have been ever present, affecting large numbers of the inmates, and recurring time after time in the same individual.

The first advance in the pathology of Erysipelas was made when in 1869 Prof. Hueter stated that Erysipelas was caused by the wandering into the skin of some sort of micro-organism. He was not successful in proving this, partly from the lack of the necessary preliminary knowledge of bacteriology, and partly because he did not investigate pure uncomplicated cases of Erysipelas. Hueter was followed by Volkmann and Strudener, who discovered the distribution of the small celled infiltration occurring in the skin and subcutaneous cellular tissue, but not its primary cause. Bilbcoth, writing in 1871, supposes that the poison of Erysipelas is a dustlike phlogogenic substance, originating from germs of a vegetable or animal nature, and that the morbid process spreads itself after the manner of a fermentation. Recklinghausen followed in 1874, but his work, too, was spoiled because the cases he investigated were not simply Erysipelatous.

It was owing to the lack of the investigation of pure uncomplicated cases of Erysipelas that Fehleisen set to work. He succeeded in determining that the exciter of Erysipelas is always and exclusively a streptococcus, which he designated *S. erysipelatus*. In 1891, however, it was clearly shown that Erysipelas is not a specific infection, by demonstrating that the Streptococcus of Fehleisen, cultivated from human Erysipelas, can produce suppuration and general infection, and, secondly, that the *S. pyogenes* can give rise to typical Erysipelas—that not the bacterium, but its localisation, is responsible for the form of the disease.

As regards the infectivity of Erysipelas, I may say that I have never seen it spread from patient to patient without the possible assistance of some intermediary, such as Nurse, Dresser, Surgeon, or other attendant, or—and this only applies to days long gone by—to some infected mattress, pillow, bedstead, or ward. I have never seen mere overcrowding result in the production of Erysipelas. It is not the strongly suppurating wound or the fresh wound from which Erysipelas primarily starts in a ward. The cases in which one most frequently observes the isolated origin of this affection are preferably scrofulous or in some other way lowered individuals, with perhaps chronic ulcers, eczematous, syphilitic, or other.

Dr. Bird here read brief notes of a number of cases illustrating various points in connection with the incubation period, course and modes of treatment of Erysipelas, and went on to say:--

Usually there is no prodromal stage in Erysipelas. There is no relationship between the length of the incubation period and the severity of the attack. The severity of the attack appears to depend on the individual disposition and the degree of virulence of the Streptococcus.

Sometimes a reddening of the skin is the first sign of the disease, sometimes a shivering introduces the attack, and sometimes pyrexia precedes any visible Erysipelas by several days. The disease always begins in a small spot, and never simultaneously over a large area. The attack having started, the direction and rapidity of its spreading depends on the direction of the connective tissue bundles and the degree of tension. The serous exudation accommodates itself to these conditions, and its spread is entirely dependent on mechanical conditions. Briefly stated, the serous transudation passes along the lines of least resistance. Those placed where the skin is more closely woven, or where it is bound down, present mechanical hindrances—*e.g.*, at the circumference of the base of the skull, the condyles of the joints, the crest of the ilium, Poupart's ligament, &c.

In this connection it is interesting to observe its behaviour on the face and head. It rarely, if ever, passes over the chin; nor does it usually pass directly over the deep lines and furrows of the face, but goes round them. Should it extend from the head to the trunk, it usually does so by passing backwards over the scalp to the neck, and from thence to the trunk—not forwards over chin and neck.

Erysipelas never starts simultaneously at several parts of the body. In the case of a double amputation it has been recorded as starting in both stumps at once; and I once saw it start simultaneously in head and arm when both had been infected by the same accident.

In every individual part of the skin which is affected the inflammation reaches its height in 2, 3, or at the most 4 days, whether the process spreads to other parts or stops, and then recedes again in about the same time. Erysipelatous inflammation has of itself but little inclination to suppurate.

The duration of the disease depends on the extension of the Erysipelas. As a rule, if only the face and head are affected, it does not last more than 8 or 9 days; but if the Erysipelas wanders all over the body, it may last several weeks or months. The rare instances in which I have seen it last many weeks have been cases in which it was associated with Bright's disease.

In the great majority of cases Erysipelas affects the face. In 206 cases treated in this Hospital, the face was affected 138 times.

Should a patient die of Erysipelas, the temperature preceding death is generally high, and occasionally continues to rise for a short time after death.

Erysipelas of the mucous membranes is for the most part much more serious than Erysipelas of the skin, partly because the disease spreads more easily from them to the internal organs, and partly because inflammation of the mucous membranes usually calls forth a greater reaction than in the case of the skin. The inflammation inclines to spread in the same way as when on the skin, and is accompanied by high fever, albumin urin, swelling of the spleen and glands,

and frequently also by inflammation of the serous membranes.

When Erysipelas attacks the pharynx, the throat and often the mouth are œdematously swollen, and swallowing is rendered almost impossible. The diagnosis is only certain when the Erysipelas appears on the skin. In these cases the Erysipelas may appear from the mouth, nose, or lachrymal duct.

The following case illustrates with what rapidity Erysipelas of this kind may bring about a fatal issue even in the young adult :—

M. C., a midwife, was engaged on Saturday, February 9th, in delivering a drunken woman suffering from a filthy vaginal discharge. During this business she unfortunately scratched the mucous membrane of her nose. On the following day, Sunday, she felt some irritation and heat in her nose, which gradually increased during Monday the 11th, and on Tuesday the 12th some reddening of the tip of the nose appeared. On Wednesday the 13th I was asked to see her. When I first saw her, on Wednesday afternoon, the end of the nose was swollen and red, chiefly on the left side. The mucous membrane of the left nostril was swollen, and there was what looked like a small punctured wound upon it. She was at once admitted to Hospital. Her temperature on admission was 100°2. The constitutional symptoms rapidly became very severe. The Erysipelas spread quickly along the nose to the pharynx. On the 15th her temperature ranged between 102° F. and 104°, and she developed pleurisy of the left side, accompanied by much pain. Erysipelas spread externally completely across her face, and up on to forehead and head. During the night of the 15th she became very delirious, and, owing to the great swelling of the whole of the mucous membrane of nose and pharynx, it was exceedingly difficult to feed her. On the morning of the 16th there was proptosis and fixation of right eye, much chemosis and extravasation of blood under conjunctivæ of both eyes, a profuse sanious discharge from the nose, which also bled, but not very profusely. During the afternoon there was rapidly increasing heart failure, and at night she died.

A post-mortem examination of the head only was permitted. Meninges at vertex normal. The membranes at base gave evidence of acute meningitis, which appeared to have proceeded inwards from the orbits, and was more marked on the right side than the left. A small quantity of pus was evident in middle fossa of base of skull. There was cellulitis of right orbit, muscles very pulpy, here and there blood-clots about the size of peas in the substance of the muscles. No extravasation of blood into the substance of the eye itself.

The diagnosis of Erysipelas is, as a rule, easy when the exanthem has reached the size, say of a penny; the brilliant redness, the swelling, the definite margin and the enlargement and tenderness of the nearest lymph glands render its recognition quite a simple matter. Unfortunately for the beginner, the matter is not always as simple as all this, for there may be no redness, no appreciable swelling, and no recognisable enlargement of the lymph glands. *E.g.*, if the Erysipelas starts in the hairy scalp, there will be no redness, and the marginated swelling of the scalp, which feels boggy on pressure with the finger-tips, may be completely overlooked until the day comes when the Erysipelas appears on the forehead or on the neck, or perhaps on one or other of his ears. I remember being much puzzled by a patient of this kind, obviously very ill indeed, with a temperature ranging between 104° F. and 105° and semi-comatose; when roused he said he had frightful earache on both sides. Examination of his ears revealed nothing. There was some tenderness over both mastoid processes, but equally on both sides; and it was only after three days, when the Erysipelas advanced from scalp to forehead, that it became evident what the man was suffering from.

Occasionally Erysipelas occurs in a patient so anæmic that by no possible chance could she produce a redness anywhere; but the œdematous marginated swelling is there, and one may sometimes watch its progress as well as if it were red.

Of all the cases brought to me as Erysipelas which are not cases of that disease, I think acute eczema of the face is the most common—certainly these patients not unfrequently present quite an alarming appearance—there is the acute redness and swelling, with innumerable closely set small vesicles, but no temperature and no bodily illness to correspond with this violent outbreak; moreover, although a patch of Erysipelas may be covered with small vesicles, large blebs are much more common. Abscesses arising in the cheeks, in the lachrymal sac, or in the nose, dental abscess following caries of a tooth, and periostitis of jaw are all not unfrequently confused with Erysipelas.

The prognosis is usually favourable when Erysipelas is the primary disease and is uncomplicated. Of my 206 cases, 46 developed Erysipelas in the Hospital, and 160 were admitted as such. There were 20 deaths among them. In 16 of the cases that died the disease was secondary. The prognosis is bad when it occurs in the first or second month of life, when it spreads over the whole body, and when it starts in a mucous membrane, and the infection happens to be derived from a virulent source.

Chronic alcoholism, delirium tremens, Bright's disease, and heart disease render the prognosis very unfavourable.

Is there anything to be said in favour of Erysipelas? I fear not. Having once occurred, it is likely to occur again and again in the same individual, no immunity whatever being conferred. It has been thought to have a favourable influence on spasmodic asthma, on certain squamous diseases of the skin, on lupus, and on inoperable cases of malignant disease; but in each case the effect is but transient. Lupus was often brought to a standstill by it, but only for a time; and as regards cancer, which was treated in this way very thoroughly by Koch, Petruschky, and others, it was found that the inoculation of these cases with Erysipelas, many times repeated, did indeed exert an evident therapeutic influence on the cancer; but the diminution in the strength of the patient which resulted from these repeated inoculations was too great to allow of the hope of curing carcinoma by inoculations with Erysipelas.

Notes.

St. Mary's is once more equipped with a full staff, and can look forward for a short time, at least, to a calm period. We have got three excellent men to fill the vacancies, and it is a matter for pride that each one of them is a St. Mary's man. We do not altogether believe in the vulgar proverb, which readers of Sir Walter Scott will remember, "Keep your ain fish-guts for your ain sea-maws." It is a policy which, when pushed too far, has somewhat dangerous results, but we feel that as regards the three new members of the staff their election to their present posts would have been equally sure if the electing body had been absolutely unconnected with the Hospital.

The Ball in aid of the Clarence Wing bids fair to be a very great success. Her Royal Highness the Princess of Wales has graciously promised her patronage, and Their Royal Highnesses the Duchess of Fife and Princess Henry of Battenberg have also kindly allowed their names to be added to the list of Patronesses. An enumeration of all the other distinguished names which appear on this list would take up more space than we can afford. The Dowager Marchioness of Queensberry, the Marchioness of Lansdowne, the Countess of March, the Marchioness of Hamilton, the Countess of Desart, the Countess of Lucan, and many others, have promised their patronage. The Ball, as we have already announced, will take place on the 24th of May in the Empress Rooms. The tickets will be one guinea each, and to prevent the discomforts arising from overcrowding the number of tickets will be limited. The Committee has reserved the right to raise the price of the tickets after a certain number have been sold. The price includes supper and champagne. A small number of tickets will be sold to students of the Hospital at a reduced price. These will be available for students only, and will be strictly non-transferable. Students desirous of securing the advantage of these tickets are advised to apply early, as only a very limited number can be issued.

We have received a suggestion from a correspondent which we will be very glad indeed to adopt. It is to the effect that we should in our columns give facilities for St. Mary's men, who are desirous of accommodating resident patients in their houses, letting this fact be known. There must frequently be cases where it would be of service to a doctor to know where he might send a patient knowing that such a patient would receive proper attention, and there must be many men in the various health resorts about England who would be willing to take in such patients. We propose, therefore, to include among the Official Announcements at the end of the GAZETTE such a list.

Dr. Phillips has resigned the Presidency of the Cricket Club, which he has held for many years. Mr. Clayton Greene has been elected President in his place. That most important function, the annual Past and Present match, will, we hope, still see Dr. Phillips in the field as active as ever. The game would lose much of its character without him. He has probably played in it more frequently than any other member of St. Mary's.

It may be of interest to some of our readers to know that a conference of medical men interested in problems of Hygiene and Temperance will be held in the Examination Hall, Victoria Embankment, on Friday, March 24th, at 5 p.m. Sir William Broadbent will preside, and the meeting will be addressed by Sir Victor Horsley, Sir Thomas Barlow, and others.

Truly the general practitioner treads on thorny paths. A harassed correspondent of that ilk tells us that the indignant relative of one of his most interesting cases rushed into his consulting-room the day after the funeral brandishing a piece of paper: "What does this mean, sir?" he yelled, "did you administer it yourself?" "Administer what?" gasped the medico. "No shilly-shallying with me, sir," retorted his heated visitor. "I copied this myself from poor ——'s death certificate, and there is your

own handwriting to prove that he died of a pernicious enema. It's a legal form of murder, sir!" And banging the door behind him, he bounced out of the house before our gasping correspondent could give him a brief explanation of an obscure form of blood disease.

We beg to acknowledge a contribution from Dr. Walter Broadbent, which we hope to make use of in a future number.

From the end of the world our local lyrical rhymester sends us an up-to-date effusion, full of fanciful quip and quaint conceit. Our readers will not think us unduly puffed up if we speak in praise of anything appearing in our own columns, but we must say that in his latest rhyme the local poet has surpassed his previous best. Age has not withered nor custom staled the play of his sweet fancy. We hope he may "catch the next train to his work."

We do not know which is the greatest and best abused of the great London Hospitals, and lest we raise a jealous outcry we shall not hazard a guess, but the following sketch from the *Pall Mall Gazette* has a meaning for most of us:—

"At any rate," said the eminent pathologist of the greatest and best abused of the great London hospitals, "have a cup of tea before you go."

The dressers and clinical clerks were foregathering in their common room after a long afternoon's work in the wards. After an early luncheon the refreshment of tea was a grateful prospect.

"Fourpence, please, sir," said the attendant, depositing two cups of tea, and proffering bread and butter.

"What are you talking about," said my host in amazement.

"New rule of the House Committee, sir. All teas must be paid for, twopence a cup. Or you can take a series of twelve for ninepence."

"Well! I am—house committee'd," ejaculated the doctor. "It's about the last straw. They won't even stand us a cup of tea now."

"You see," said the committee-man, stirring his tea with a benevolent smile, "the tea provided by the hospital for the college might easily become another hospital scandal. Look at it this way. There are dozens of you having tea. Take it that each of you eats half an ounce of butter at one and a penny a pound per diem, from one year's end to another. Then there's the cost of bread, tea, sugar, milk, not to mention boiling water. How much? Oh! it amounts up to hundreds a year—at any rate, to over a hundred. We daren't connive at it."

"Have the staff to pay for theirs?" asked the eminent lecturer, with his eye on a great surgeon hurriedly disposing of a slice of bread and butter. "They positively wallow in tea."

"Not yet," answered the administrator. "The returns have not been worked out yet."

"The labourer is still worthy of his tea—more or less," said the great surgeon, with his mouth full.

"There's a scandal for you," said the man from the college. "I have seen the staff-room tea. It is a voluptuous and extravagant spread. Sandwiches—pate de foie gras, very likely—and cake."

The great surgeon shook his head.

"No cake," he said, sadly. "The sandwiches first appeared in 1898 or '99—I forget which. The same plate has appeared ever since. No one has had the courage to sample them. Appearances are against us. Probably a snare of the House Committee's to get fourpence out of us."

The room filled rapidly, and the Committee-man watched the coppers accumulate with a pensive smile.

"I don't know what you chaps are aching about," said a house physician to a group of dressers mulcted in twopence. "It's nothing to what the House Committee can do when they give their minds to economy. They have just knocked off our supper. Officially, the residents get nothing to eat between 6 p.m. and 8 a.m. the following morning. And we only do six or eight hours' work in between. You are luxurious beggars, who can run away and get chops and things and then go to bed. I turn in between two and three with luck, and then am probably called up once or twice during the night just to give me an appetite for breakfast."

"It is good to lead a strenuous life," said the eminent pathologist softly, "for have you not heard that the hospitals by opening their doors to the students provide a clinical laboratory and allow the students of the school to work there? These mutual benefits may, we think, be fairly set off the one against the other. But tea's an extra, and supper is not included in the contract."

Sister Goodair is once more among us and is in charge of Albert and Cambridge Wards. where there is so much scope for good work.

We hear that Nurse Ethel May Lang, who has been taking a course of instruction in Queen Charlotte's Hospital since leaving St. Mary's, has been appointed to the Queen Alexandra's Military Nursing Service as Staff Nurse.

We are asked to state that a contribution from Mr. Christie, one of the Governors, to the funds of the Nurses' Library, has been expended, at the suggestion of Mrs. Shaw Stewart, in completing the series of Stanley Weyman's Works. To Mr. Christie very grateful thanks are due.

His Royal Highness the Prince of Wales paid a long visit to the Hospital on Tuesday, the 14th of March. He came quite unexpectedly in the afternoon, and asked the Matron to conduct him round the Wards. He stayed altogether over an hour, so his visit was a real inspection. This is by no means the first time that our President has shown how seriously he regards his position as President of the Hospital and of the King's Hospital Fund. His interest in all hospital matters is a very keen one, and his knowledge of them is very great.

We desire most urgently to remind readers that subscriptions for this year are now due. The management of the GAZETTE have most reluctantly been compelled to give up sending out the large number of gratis copies to non-subscribers which have been sent out in previous years. They feel that until the debt incurred has been paid off in full it would not be just to be generous. We must apologise to all those members of the Hospital whom this resolution may deprive of their monthly link with the Hospital, and suggest to them as a solace that for the small sum of five shillings paid annually they will be enabled to remedy the defect.

The Secretaries of the Cheadle Memorial Fund ask us to announce that the first list of subscribers will be published in our next number. They hope that as many men as possible will subscribe before that date, so that the first list may be a thoroughly representative one. Subscriptions may be sent to either of the Honorary Secretaries, Mr. V. Warren Low, or Mr. Carmalt Jones, or to the Honorary Treasurer, Dr. Caley.

The Lay of the last "T.B."

(Time: 190? Scene: Where you will.)

O brother Bacilli, come listen until I
Have tried on your memories' page to inscribe
A terrible story, a tale grim and gory,
The Lay of the last of the Tubercle Tribe.

Though I'm old now, and jaded, and *passée*, and faded,
And stain very faint and am clubbed at the ends ;
And my poor protoplasm's all beaded by spasms,
I once was a beautiful creature, my friends.

Tall—8 μ—and tender, and shapely and slender,
The smartest of gallants I had by the scores.
"How charming she looks in that *sweet* shade of Fuchsin,"
Was often remarked when I walked out of doors.

Pertussis, Morbilli, those gay young bacilli
Would lend me their arms when I wished to be squired,
Whilst The Be Influenzæ, who loved me with frenzy,
Cleared pathways wherever my fancy required.

Mamma was a lady, save that I'm afraid I
Can tell of the facts of my birth, nothing more,
I *believe* 'twas by fission (that's simple division),
Though its just on the cards that I came from a Spore.

My earliest history's one of life's mysteries,
For *where* I was born is as doubtful as *how*
My belief is that *pace* Herr Koch (who is hazy where
This is concerned) it occurred in a cow.

I remember quite early, when still young and curly,
Tens of millions of microbes of different ilk ;
With the *joi-de-vivre* brimming, and all of us swimming
In a fathomless ocean of beautiful milk.

But natural forces (men, milk-carts and horses),
Shook and watered our sea till we all nearly died ;
And from can to jug shifted, I finally drifted
To the delicate bed of a baby's inside.

It was warm, wet, and cosy, so matters looked rosy,*
And to well-earned repose I was just giving way,
When a shower-bath of acid broke in on my placid,
Resolve in such excellent quarters to stay.

My feelings revolted, so straightway I bolted,
And jumped down the mouth of a cardiac gland,
Then painfully boring a hole through the flooring,
At length I emerged in a wonderful land.

O peritoneum, refugium meum,
Non coelom sed coelum, what rhyme shall extol,
Thy dark winding caverns, thy great and small taverns,
Where flows the sweet lymph that delighteth my soul.

I revelled with dozens of brothers and cousins,
A rapturous week, till one day when at home,
And peaceably dining, I saw vast and shining,
A knife plunging down through our dwelling's dark dome.

---

* *Vide* Cunningham's Manual of Anatomy. Vol. I. p. 502. 4 lines from bottom.

And no tongue can say quite what oceans of daylight
Surged in through the chasm that gaped in the roof,
Whilst—yet more appalling—I heard a voice calling,
"See, hundreds and thousands, now isn't that proof."†

And all of my friends met most tragical ends, yet
To Sun and to Surgeon defiance I flung,
Though very near fainting (sad scenes I am painting !)
I managed to catch the next vein to the Lung.

Here I hastened to fill a most excellent villa,
And made up my mind I would rest for a spell ;
But the elegant dwelling of which I am telling,
In the course of a month proved a real Giant Sell.

For sore was I troubled when oxygen bubbled
And seethed day and night down the length of our street,
From that fresh air we hated 'twas ruthlessly fated,
We bullied bacilli should find no retreat.

Driven nearly half-witted, one evening I flitted,
And, with self-respect shaken, at long last I found
A dwelling yet darker in which I might anchor,
So a Kidney (I shudder) encompassed me round.

Though my lodging was shady, I still was a lady
With toxines untainted and honour unstained,
So an abscess—a beauty—I made, 'twas my duty,
Since "Noblesse Oblige" I have always maintained.

"Her pluck is stupendous, to blazes she'll send us !"
The leucocytes whined as they slunk from the fray ;
And as all of them near me continued to fear me,
In glory I lived till this terrible day.

I'd ordered my pus-cell, to drive to a muscle,
Whose outer defences I'd long wished to see ;
When I saw with a shiver the nearest blood-river,
Was crammed with the corpses of beings like me.

Great Spores ! but 'twas solemn to watch that grim column,
By thousands of millions swing down the swift stream,
Till the last of them swum by I gazed at them dumbly,
And hoped it might all be a horrible dream.

But a faint giddy feeling was over me stealing,
And into the river I plunged in my fright.
When a Phagocyte gaily (he'd fled from me daily)
Cried, "Madam, surrender, with us is the (W)Right !"

Now whilst he was yelling I found myself smelling
A savoury odour, but nought could be seen,
Till the Phagocyte, looking my way, said "She's cooking.
I'll have her for lunch *à la sauce Opsonine !*"‡

'Twas me they were grilling, the moment was thrilling,
But the stream we were in gave a sharp sudden turn,
And I dived through a Capsule of Bowman (and p'raps you'll
Be anxious my further adventures to learn.)

I remember with blushes the maddest of rushes
Down infinite vistas of torrents in spate,
Then I fainted away quite * * * * * * when next I saw daylight
I found myself here in this pitiful state.

My tribe has been slaughtered where'er it was quartered,
And the last of her race sings her swan-song, yes I
Who would still cry "Oppono," when Wr—ght§ says "Opsono,"
But I haven't the strength, so I'll lay down and die.
(She does so.) J. B. R.

† But our heroine fears lest this cryptic utterance should be lost on a generation which knows not the Front Row.
‡ *Vide* a recent piece of popular science in the "Daily Mail."
§ We feel we can only emulate the excellent example of the above Journal in preserving the proprieties of anonymity, and are reluctantly compelled to disguise the name of our heroine's enemy.—ED.

St. Mary's Hospital Hockey Club.

INTER-HOSPITAL CUP TIES.

ST. MARY'S *v.* GUY'S.

This was played on February 14th, at Blackheath. As we have had no matches whatsoever this season and only two practice games we were not too sanguine but hoped to do at any rate a little better than last season when we were beaten by something like 18 goals to 1. On starting play, Guy's at once began to press but were unable to score for the first quarter of an hour, owing principally to the strenuous efforts of Galpin, our goal keeper. A "corner" gave Guy's their opportunity and after a hot struggle in front of goal they managed to score. After this we carried the ball to their end and once looked like scoring, but our opponents again got posssession, and, after testing many times the thickness of Galpin's pads, managed to score again. The light was extremely bad at this time and the difficulty of distinguishing the ball helped them to score four times more before half-time.

After half-time the game became much more even. Our team had got together by now and forthwith carried war into the enemy's camp. But good work by their backs rendered our efforts abortive, we were again put on the defensive and our opponents scored two goals in quick succession. Once more we attacked, and some good work by Barker and Hare on the left wing took us into their circle. Here a desperate fight raged for some minutes, finally ending in our obtaining a "corner." Unfortunately we failed to score and our opponents again got into our 25. Good work by the backs, especially Straton, kept them out for some time, but they finally managed to score just before the whistle blew, the final result being nine goals to nil.

As Guy's Hospital hold the Cup and we had only raised a team for the occasion the above result is not really bad. A lot of good individual work was done, notably by Galpin, who has since played for the U.H.H.C. solely on his form in this match, and Straton, who always managed to be in the right place at the right time. Rahilly and Barker were good in the forward line, but lack of practice necessary made our combination poor. Next year we shall do better.

Our team :—A. G. Galpin, A. H. Thomas. A. A. Straton, J. A. Meers, T. C. Evans, H. Lovell, H. L. Barker, T. W. Hare, J. M. Rahilly, (Capt.) F. C. Keates, W. R. Taylor.

As we have played in the Hockey Cup Ties for two seasons, and there seems every chance of our doing so for some years to come it was determined to try and get the club recognised as one of the Amalgamated Clubs. For this purpose a General Meeting was held on February 23rd, when the following officers were elected :—

Mr. H. E. Juler, F.R.C.S., to be *President.*
" W. R. Taylor " *Captain.*
" H. L. Barker " *Vice-Captain.*
" J. H. Meers " *Hon. Secretary.*
" A. A. Straton, } *to be on the Committee with*
" H. Lovell, } *above.*

It was decided that matches should be arranged next season, but not so as to interfere with football in any way. Consequently they will be played on Wednesdays, or, perhaps some other day of the week other than Saturday.

It is hoped that all will help us to make the Club a success so that in course of time it may not be dependent for its members in any on the Football Clubs.

J. H. MEERS,
Hon. Sec.

St. Mary's Hospital Football Clubs.

RUGBY.

2nd XV.

GUY'S HOSPITAL A XV.

Played at Wood Lane on December 7th. Unfortunately for us, our opponents brought down a very strong team, including one, if not two, internationals. As we are not yet up to international form, we were badly beaten by 8 goals, 11 tries to nil.

OUR TEAM :—R. S. Graham ; N. H. Gilbert, A. H. Thomas, J. E. M. Boyd, H. Browne ; T. E. Francis. C. R. Peaty ; A. A. Straton, J. H. Meers, J. B. Webb, M. C. Mason, W. Cowardine, R. de V. King, T. A. Tyrrell, H. E. Wall.

TWICKENHAM A XV.

Played at Wood Lane on December 10th. This proved to be a very even game, any advantage being on our side, and if we had not been two men short, we should have won easily. As it was, the game ended in a pointless draw. In this game, our three-quarters showed signs of improving, A. H. Thomas especially being much surer in giving and taking his passes.

OUR TEAM : D. G. Fergusson ; N. H. Gilbert, A. H. Thomas, A. A. Straton, R. S. Graham ; A. W. Duncan, C. R. Peaty ; J. H. Meers, M. C. Mason, R. de V. King, T. A. Tyrrell, T. E. Francis, F. W. Hobbs.

CENTRAL TECHNICAL COLLEGE A XV.

Played on their ground, December 17th. This was a very enjoyable game, only marred by the peculiarities of the ground which was a swamp on one side, and a precipice on the other. Neither side scored before half-time, but soon after this, the College obtained a rather doubtful try which was not converted. We then carried the game into their twenty-five, and Galpin soon scored, but owing to the heaviness of the ball, failed to convert, the ball hitting the cross-bar. Neither side scored again, the game thus ending in a draw.

OUR TEAM :—J. H. Burdett ; T. Evans, J. E. M. Boyd, A. H. Thomas, J. E. L. Johnston ; A. W. Duncan, C. R. Peaty ; J. H. Meers, C. G. Galpin, H. E. Finlaison, E. J. Dicks, M. C. Mason, W. Cowardine, R. de V. King, T. A. Tyrrell.

2nd XV.

INTER-HOSPITAL JUNIOR CUP.

ST. THOMAS'S 2ND XV.

This was played on February 16th at St. Thomas's ground, Chiswick. For the first ten minutes we were one short in the scrimmage, and our opponents took the opportunity of scoring two tries far out, neither of which were converted. After this the game became more even, but before half-time St. Thomas's got in again twice, one being converted. In the second half they scored twice in the first ten minutes, one being converted, and then scored a very good drop goal. For the last ten minutes the game was more in our favour, but our opponents were able to score one more try, the final score thus being 2 goals, 1 drop goal, and 5 tries (29 points) to nil.

We were unfortunate in having a very light pack, but at the same time the forwards were not nearly energetic enough in the loose, in spite of the fact that they were in much better training than the opposing team.

OUR TEAM :—G. D. G. Furgusson ; R. D. Neagle, H. L. Barker, J. H. Burdett, A. H. Thomas ; A. W. Duncan, C. R. Peaty ; A. A. Straton (Capt.), J. H. Mears, C. T. Edmunds, E. J. Dicks, M. C. Mason, W. Cowardin, R. de V. King, T. A. Tyrrell.

TWICKENHAM A XV.

Played at Wood Lane on February 4th. Owing to the fact that J. B. Webb, without any previous warning, failed to put in an appearance for the third time running we were one short in the forward line, but the excellent play of our outsides reduced any danger from this source to a minimum. We started off with a rush, and a try, unconverted, was obtained by Barker in the first three minutes. After this we remained in their twenty-five until half-time, four more tries being obtained by Barker (1), Meers (1), and Burdett (2), none of which, owing to the strong wind, were converted. In the second half, Twickenham had more of the game, but we were able to score four times more, by Duncan (2) and Quirk (2). Three of these were converted by Quirk (2) and Burdett. The final score was 3 goals 6 tries to nil.

In spite of the largeness of the score, our forwards played an extremely poor game. It is true we were one short in the scrum, but even allowing for this, the packing was simply atrocious. Before Christmas it was fairly good, so why it should have deteriorated so rapidly is hard to say. Without good outsides the score would have been very different.

OUR TEAM :—G. D. G. Fergusson ; H. L. Barker, A. H. Thomas, F. W. Quirk, J. H. Burdett ; A. W. Duncan, C. R. Peaty ; J. E. M. Boyd, J. H. Meers, C. T. Edmunds, M. C. Mason, W. Cowardin, R. de V. King, T. A. Tyrrell.

HAMMERSMITH A XV.

Played at Wood Lane on February 18th. For some reason our opponents were four men short, but matters were somewhat equalised by our losing Wilson in the first three minutes. Soon after this we obtained a try by Barker, which was converted. Then Hammersmith made a determined rush, and succeeded in scoring, but failed to convert. For the next ten minutes play was mostly in mid-field, and then Thomas succeeded in scoring a try, unconverted. Before half-time we managed to score another try, and afterwards scored two more goals and a try, the goals all being kicked by Finlaison. The final score was thus 3 goals 3 tries (24 points) to a try.

OUR TEAM :—G. D. G. Fergusson ; H. L. Barker, T. Evans, A. H. Thomas, C. R. Peaty ; J. E. L. Johnston, A. W. Duncan ; A. A. Straton, J. H. Meers, C. M. Wilson, H. E. Finlaison, M. C. Mason, R. de V. King, T. A. Tyrrell, W. Cowardin.

ST. JOHN'S COLLEGE 2ND A XV.

Played at Wood Lane on Wednesday, March 1st. This was a very even game, neither side scoring a single point. We started off with a rush into their twenty-five, but play soon shifted into mid-field, and with the exception of a few rushes by both sides, stayed there for the whole of the game. Our forwards were rather better on the whole, but are still not nearly quick enough in the loose and must remember to get across the field and help the outsides instead of looking on. The three-quarters might have shown to better advantage if they had made more use of their pace and not devoted so much time to dodging and handing-off. It is, doubtless, a beautiful and stirring sight to see one man trying to thrust his fingers into three men's faces at once, while he embarasses an equal number with his feet, and down on the opponents' goal line may enable tries to be scored. But it is not of much use in mid-field, and is liable to make the game degenerate into a free fight.

OUR TEAM :—G. D. G. Fergusson, H. L. Barker, A. H. Thomas, F. W. Quirk, J. H. Burdett, A. W. Duncan, C. R. Peaty, A. A. Straton, J. E. M. Boyd, J. H. Meers, R. Bryden, H. E. Finlaison, M. C. Mason, R. de V. King, T. A. Tyrrell.

J. H. MEERS, *Hon. Sec.* 2nd XV.

ASSOCIATION.

v. FINCHLEY MANOR F.C.

The above match was played on our ground. Losing the toss we kicked off against the wind, and our defence experienced some difficulty in coping with the rushes of our opponents. Just before half-time, however, Bennett gave the Hospital the lead as a result of some good combination. Crossing over, with the wind in our favour, we did not take full advantage of the opportunities offered, only two more goals resulting (from Bevis and Archer).

The game ending in a win for the Hospital by 3 goals to 0.

CUP-TIE *v.* LONDON HOSPITAL.

This was a most disastrous match, everyone being off colour except Ollerhead in goal and Bevis at back. Up till just before half-time we had the best of the game—missing two easy chances in front of goal. Then they scored twice in succession. In the second half St. Mary's went quite to pieces, London Hospital putting on 5 goals in the last 20 minutes. Just before time Hayes scored for Mary's with a good shot. We were thus defeated by 7 goals to 1.

St. Mary's Hospital Cricket Club.

The Annual Cricket meeting was held in the special Class Room on Friday, February 23rd, at 1.30 p.m. There was a good attendance and Dr. Sidney Phillips was in the chair. The work of the meeting was to elect officers for the coming season, and the following were elected :—

H. S. Ollerhead, *Captain.*
I. J. Louwrens, *Vice-Captain.*
F. C. H. Bennett (re-elected), *Secretary.*
E. W. Archer, } *Committee.*
E. W. Squire, }

Dr. Phillips then expressed a wish to resign his position as president of the club, and the meeting unanimously decided to ask Mr. Clayton Greene to fill the vacancy.

The bat presented by Dr. Phillips for the highest aggregate was won last year by E. W. Archer, with a total of 173, H. S. Ollerhead coming next with a total of 166.

The bat presented by the club for the highest average was won by W. S. Mitchell with an average of 21. W. S. Mitchell also won the ball presented by Dr. Phillips by taking the most number of wickets during the season.

A couple of practice nets have been obtained for the club on a piece of ground close to Wormwood Scrubbs, and it is hoped that men will show their keenness by practising as much as possible.

The club wishes to take this opportunity of thanking Dr. Phillips very much for the great interest which he has taken in their doings during the long period for which he has held the position of president, and we sincerely hope that we shall still see him in the field against us in this year's "Past *v.* Present" match.

Appointments.

FRAMPTON, T. H. T., F.R.C.P.Edin., M.R.C.S., has been appointed Clinical Assistant to the Chelsea Hospital for Women.

FINN, A. R., L.R.C.P., M.R.C.S., has been appointed House Physician to Dr. Luff.

Change of Address.

BRYAN, Frank, M.B., B.C.Camb., 241, Coatsworth Road, Gateshead on-Tyne.

CRAWLEY, H. E., L.R.C.P., M.R.C.S., "Holmwood," Friezywater, Waltham Cross, Herts.

LLOYD, F. Seymour, M.D Lond., L.R.C.P., M.R.C S., Park Street West, Luton, Beds.

MADDEN, Frederic H., 3, Cathcart Road, S. Kensington, S.W.

MICHÔD, F. A. Hope, M.B.Lond., L.R.C.P., M.R.C.S., Roma, Queensland, Australia.

ROGERS, F. G., M.B.Lond., 74, Argyle Road, West Ealing.

SASS, Wilfrid, L.R.C.P., M.R.C.S., 75, Holland Park Avenue, W.

Pass Lists.

UNIVERSITY OF LONDON.

SPECIAL EXAMINATION IN ORGANIC CHEMISTRY.

(Held in lieu of Part II. of Pre. Sci. Examination.)

A. W. Duncan. M. C. Mason.
C. G. Galpin. T. A. F. Tyrrell.

PRELIMINARY SCIENTIFIC EXAMINATION.

PART I.

Inorganic Chemistry, Experimental Physics, and Biology.—A. G. H. Lovell.

PART I.

Inorganic Chemistry and Experimental Physics.—T. C. C. Evans, T. A. F. Tyrrell.
Inorganic Chemistry and Biology.—H. H. Tanner.
Inorganic Chemistry only.—A. B. Porteous.
Experimental Physics only.—R. A. Parsons.

ROYAL COLLEGE OF SURGEONS, IRELAND.

PRIMARY FELLOWSHIP EXAMINATION.

H. H. B. Cunningham, M.D.Brux., L.R.C.P., M.R.C.S.

The Services.

ROYAL ARMY MEDICAL CORPS.

The undermentioned Lieutenants are confirmed in that rank :—

C. Ryley, L.R.C.P., M.R.C.S.
E. J. H. Luxmoore, L.R.C.P., M.R.C.S.
N. Low, L.R.C.P., M.R.C.S.
G. H. Richard, L.R.C.P., M.R.C.S.

Capt. G. B. Crisp, L.R.C.P., M R.C.S., has changed stations from Netley to the R A.M. College.

PROMOTIONS.

Major G. E. Hale, D.S.O., L.R.C.P.Edin., M.R.C.S., is promoted to Lieutenant-Colonel (dated Jan. 31st, 1905).

Capt. C. E. P. Fowler, F.R.C.S., is promoted to Major from January 30th.

Capt. T. H. J. C. Goodwin, D.S.O., L.R.C.P., M.R.C.S., is promoted to Major from January 30th. War record.—North-west Frontier of India Campaign, 1897, including operations against the Mohmands, and the action near Shabkadr (mentioned in despatches, D.S.O. Medal with clasp).

Capt. G. T. K. Maurice, L.R.C.P., M.R.C.S., has qualified for Promotion in Pædiatrics.

CHANGE OF STATIONS.

Lieut. E. J. H. Luxmoore, L.R.C.P., M.R.C.S., has joined for duty at Netley.

Lieut. G. H. Richard, L.R.C.P., M.R.C.S., has joined for duty at Netley.

Capt. C. H. Straton, L.R.C.P., M.R.C.S., has changed station to Meerut, U.P., India.

Lieut. W. F. H. Vaughan, L.R.C.P., M.R.C.S., has embarked for India.

INDIAN MEDICAL SERVICE.

The King has approved of the following admission to the Indian Medical Service, to be Lieutenant (dated September 1st, 1904), C. C. C. Shaw, M.B.Lond.

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

Lieut. H. S. Collier, F.R.C.S., the London Companies, resigns his Commission. (Dated Feb. 11th, 1905.)

Announcements.

BIRTHS.

SASS.—On February 12th, at 75, Holland Park Avenue, W., the wife of Wilfrid Sass, L.R.C.P., M.R.C.S., of a son.

KNAPP.—On February 13th, at Garth, Broxbourne, Herts, the wife of Captain H. H. G. Knapp, I.M.S., M.D., B.Ch.Oxon., of twins, son and daughter.

WIGGINS.—At Nairobi, British East Africa, on Feb. 7th, the wife of G. A. Wiggins, L.R.C.P., M.R.C.S., of a son.

MARRIAGES.

LEON—FRIEND.—On February 9th, at All Souls', Langham Place, John Temple Leon, M.D.Lond., B.Sc., L.R.C.P., M.R.C.S., D.P.H.Camb., of Elmwood, Southsea, to Katherine Mary Friend.

STEEN—BARNES.—On March 1st, at St. Mary's Church, Twickenham, by the Rev. F. J. Birkett, M.A., assisted by the Rev. Canon Murray and the Rev. E. Lopresti, Robert Hunter Steen, M.D.Lond., Medical Superintendent of the City of London Asylum, to Alice, daughter of the late Lawrence Barnes, of Ealing.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XI.—No. 4. APRIL, 1905. Price 6d.

The Centralisation of Medical Studies.

The report of the Commission of the King's Hospital Fund, to which we referred in our last number, has brought into the field of practical politics the question of the centralisation of the preliminary scientific part of the medical curriculum. The problem which has to be faced is by no means a simple one. There are many interests involved and no one solution seems to be possible which will not injure one or other of these interests. We have first to consider at what stage the cleavage is to take place. Will the preliminary science subjects only be taken in the Central Institute or will Anatomy and Physiology also be included amongst the subjects no longer to be taught at the Hospitals? The real difficulty lies in dealing with the subject of Anatomy. It is so intimately connected with all the purely medical subjects, the necessity of refreshing our knowledge of it at all times in our medical career is so apparent to every teacher and every examiner, that any project which would diminish a student's opportunities of doing so must be very critically examined. When the second Conjoint or intermediate M.B. Examination is finished there still remains for some men the prospect of the Primary Fellowship, there remains for all the certainty of the final Surgery with its definite demand for anatomical knowledge. Anatomy is the basis of all Surgery. Anatomy! Anatomy! and more Anatomy! has been the insistent cry of every great teacher of Surgery; and how is Anatomy to be taught away from the dissecting room. That Anatomy must remain a Hospital subject we feel very strongly, and if so, we can foresee great difficulty in trying to separate Physiology. Time honoured custom has associated the two subjects, and it would never work to have one taught at St. Mary's and the other at South Kensington.

With the Preliminary Science course it is quite different. Physics, Chemistry, and Biology, are already frequently taken before men definitely select their Hospital. They are subjects which can be well taught to large numbers of students at the same time. We have only to consider how this centralisation can be best promoted without hurt to the interests of the men at present engaged in teaching at the various schools, and also with least hurt to the various Hospitals. We have no wish to bring the name of any other Medical School into discussion, but it seems only right that any scheme adopted must be of such a nature as not to give any one Hospital an unfair advantage over the others in attracting students. Any proposal of that nature would naturally meet with most strenuous opposition on the part of all the Hospitals except the one whose school was chosen. The Preliminary Science School must be free from any connection with existing Hospital Schools.

On Deformities of the Fingers.*

By W. ASHDOWNE, F.R.C.S.

Surgeon in charge of Out-Patients, Metropolitan Hospital; Senior Demonstrator of Anatomy, St. Mary's Hospital Medical School.

The position and the association of muscles in producing movement have, I believe, an important bearing upon the production and treatment of finger deformities.

Many theories have been put forward concerning the relation of muscles to one another in producing movement, and numerous classifications have been adopted to denote the part each muscle plays in a movement, but as a consideration of these would occupy too much time I shall confine myself to those which concern the muscles of the hand and fingers.

John Hunter (Croonian Lecture, 1777) stated that muscles by the course and mode of insertion of their tendons shall perform very differently a series of regular motions, bending some joints and extending others. Such are the uses of the lumbricales and interossei upon the fingers, for their course is before the centre of motion in the first joint, but by winding round the second bone they get upon the back of the fingers and extend the last two joints. These by their situation and insertion produce an effect which could not be performed by the other flexors or extensors of the same parts. Muscles often go over 3 or 4 joints and only move the 3rd and 4th, as the flexors of the last joints of the fingers, but to prevent the 1st and 2nd joints being moved by this action the extensors of the intermediate joints are obliged to interfere and keep them from bending.

Beevor (Croonian Lectures, 1903) classifies the muscles into—A. Prime movers; B. Synergic muscles; C. Fixation muscles; D. Antagonists.

In Hunter's last example the flexors would be the prime movers and the extensors the synergic muscles.

The fixation muscles are those which are used to fix the joints which lie between the joint which is actively engaged and the fixed point or base on which the structure works.

The antagonists produce movement which is diametrically opposed to that of the prime movers.

There seems to be some difference of opinion as to the part played by the antagonists in a movement, although most observers agree that, where there is resistance to the movement or the weight of the limb has to be moved against gravity, these muscles do not act.

At the phalangeal joints movement can only take place in one plane, and the result is flexion or extension. Flexion of the terminal phalangeal joint is produced by the flexor profundus digitorum, but flexion of this joint is a matter of great difficulty, amounting in most cases to an impossibility without simultaneous flexion of the interphalangeal joint. This is to be explained by the fact that in putting the flexor profundus digitorum into action the lumbrical muscle which is attached to its tendon comes automatically into action, so that it is necessary for this to be opposed before flexion of the terminal phalangeal joint can be performed. So far as the terminal phalangeal joint is concerned I regard the lumbrical muscle as the opponent of the flexor profundus digitorum. If we flex the fingers forcibly as in making a fist, and then suddenly relax them, we notice that the terminal phalangeal joint is partially extended before either the inter or metacarpo phalangeal joints; this movement of the terminal phalangeal joint is the result of the action of the lumbrical which in the movement of flexion of the fingers has been put upon the stretch.

This association between the flexor profundus digitorum and lumbricales no doubt accounts for the fact that the former muscle is seldom concerned in contractions of the fingers.

Flexion of the interphalangeal joint is produced by the flexor sublimis digitorum and extension by the extensor communis digitorum interossei and lumbricales. Movements at the metacarpo-phalangeal joint consist of flexion, extension, abduction and adduction, and a combination of these, circumduction.

Flexion may be produced by the flexors sublimis and profundus digitorum, the lumbricales and interossei, and extension by the extensor communis digitorum.

The so-called interosseous position is produced by the action of all these muscles acting in the following manner. The flexor profundus and sublimis digitorum muscles which normally flex the terminal and interphalangeal joints, are opposed at these joints by the extensor communis digitorum, interossei, and lumbricales, and the effect of their contraction is transferred to the metacarpophalangeal joint, which they flex. When flexion has proceeded to a certain degree the interossei contract more forcibly to complete the act, this relaxes the long flexors of the fingers, and extension of the inter and terminal phalangeal joints is maintained by the extensor communis digitorum.

The association between the flexors and extensors of the carpus and the flexors and extensors of the fingers is of importance in relation to the subject under discussion. If the fingers are forcibly extended and movements of flexion and extension of the hand upon the forearm carried out, the movement of flexion is performed by the flexors of the carpus and that of extension by the extensors of the fingers. On the other hand if the fingers are strongly flexed as in grasping the movement of flexion of the hand upon the forearm will be performed by the flexors of the fingers and extension by the extensors of the carpus.

But in these movements other muscles are brought in, as fixation muscles.

Duchenne ('Physiologie des Mouvements') pointed out the reason for this association, viz., that it was to place the flexors and extensors of the fingers in the most favourable condition to augment their dynamical power; but Beevor, while admitting that it does that, thinks that the purpose is to fix the wrist so as to give the extensors of the fingers a secure basis to work upon.

The following experiment seems to confirm Duchenne's theory:—

1. Extend the fingers and hand forcibly so that they are in a line with the forearm.

* Abstract of a paper read before the St. Mary's Hospital Medical Society.

2. From this position extend the hand on the forearm to the greatest extent possible, keeping the fingers in forced extension.

3. Now flex fingers, extend hand on forearm as far as possible, and from this position extend fingers.

It will be found that in position 2 extension is limited by tension on the flexor aspect, whereas in position 3 the difficulty arises in extending the fingers owing to the approximation of the attachment of the extensors of the fingers.

It is important to bear this association in mind in the treatment of cuts about the wrist where tendons have been divided, as by placing the hand in a faulty position during the healing process it is possible to greatly reduce the efficiency of the flexors and extensors of the fingers.

In the position of rest the radio-carpal and transverse carpal articulations are slightly extended and the metacarpo-phalangeal and interphalangeal joints slightly flexed. This position is maintained by the tension of the extensors of the wrist; the flexion of the fingers is produced by the stretching of the long flexors of the fingers over the extended radio-carpal and transverse carpal joints.

I will now briefly point out how these questions affect the production and treatment of deformities. It occasionally happens that, as the result of injury or disease of one or other of the joints of a finger, contraction occurs, and the resulting deformity varies according to the joint or joints affected. The one most frequently involved is the interphalangeal, and the deformity is modified by the character and duration of the affection. If transitory the flexion of the interphalangeal joint is extreme, the terminal phalangeal is only slightly flexed, and the metacarpo phalangeal joint is unaffected. If on the other hand the condition is more chronic, the metacarpo phalangeal and interphalangeal joints are both flexed, but the flexion of the latter is not so great as in the former case. This difference in the deformity is due to the fact that when the lesion is rapidly recovered from the muscles which move the metacarpo phalangeal joint again come into action, whereas in the more chronic conditions they are permanently put out of court.

I have dissected a specimen of each of these conditions. In the first the middle finger of the left hand was affected. On removing the skin from the dorsal aspect of the finger, the tendon of the extensor communis digitorum was found to be partially destroyed, and firmly adherent to the head of the first phalanx. On the palmar aspect, the palmar fascia was unaffected, but the flexor sublimis tendon was tightly contracted, and when this had been divided it was possible to correct the deformity. Beyond the adhesion of the extensor tendon and its partial destruction there was little evidence in the joint itself of past disease. In the second case the ring and little fingers were affected. Here the bony surfaces of the joint were affected with small outgrowths from the lateral aspect of the head of the first phalanx. The tendons of the extensor communis digitorum were, as in the first case, adherent to the head of the first phalanx, and the contraction was due to the shortened flexor sublimis tendons. There was no affection of the palmar fascia.

In the first case the flexion of the interphalangeal joint was extreme, and in the second only moderate. It seemed that an operation designed to lengthen the flexor sublimis tendon and free the extensor communis might have met with some success in the first case, whereas in the second the alterations in the bone seemed to contraindicate surgical interference. It is easy to explain the mode of production of this class of deformity by a reference to the muscles which act upon this joint. The interphalangeal joint is flexed by the flexor sublimis digitorum and extended by the extensor communis, interossei and lumbricales. When the extensor communis tendon becomes fixed to the head of the first phalanx the power of extension is lost, and the joint is flexed by the unopposed action of the flexor sublimis digitorum. There is no alteration in the terminal phalangeal joint; the position assumed, viz., slight flexion, is only the normal position of that joint when the interphalangeal joint is flexed. The reason the flexor profundus is not concerned in the contraction is that the lumbrical is still in a position to oppose it.

Numerous theories have been advanced to account for the contraction of the palmar fascia first described by Dupuytren and attributed by him to injury, but from its occurrence in gouty and rheumatic subjects those conditions are now admitted to be of importance in determining its onset. It seems that there are two forms, one when the contraction starts as the direct result of injury, and the other where there is no evidence of this but a history of gout or rheumatism. It is easy to understand that where both conditions are present contraction is more likely to follow.

The facts concerning this class of deformity are that it occurs about or beyond the middle period of life, that men are more often affected than women, that the fingers of both hands are frequently affected, and that it commences as a rule in the ring or little fingers. It appears that it is more frequent in persons who lead sedentary lives, and in some cases there is evidence of a gouty or rheumatic affection of the joints of the affected fingers. Arbuthnot Lane is of opinion that the joint changes are secondary to the fascial contraction, but I do not agree with this view. I consider they are both evidences of the same disease, and in many cases the affection of the joint and the position in which it is held determines the onset of the contraction of the fascia. The fibrous tissues in other parts of the body may be affected, and thickening of the plantar fascia has been observed in some subjects of this contraction.

The points which suggest that position and the normal association of muscles concerned in movements of the fingers favour this contraction are:—(1) That it occurs in those who lead sedentary lives, and in them after the most active period of life. (2) That it generally starts in the ring and little fingers, which are not used to nearly the same extent as the other fingers, even by those who are actively employed. (3) That the necessity for active extension of the fingers does not often arise in many of the uses

to which the hand is put. (4) That although the plantar fascia may also be affected, it is extremely rare to meet with contraction of it.

In connection with the slight need there is for active extension of the fingers, it is interesting to note the occasional presence in the human hand of special extensors of the middle and ring fingers, which in the process of evolution seem to be disappearing.

As regards the treatment of this condition I have little to suggest. Personally I think a free removal of the contracted bands is to be preferred to subcutaneous division of them. Relapse is not at all uncommon after these methods of treatment, and is to be accounted for by the fact that the patient does not persevere with the after treatment. This should consist of early passive movements and massage, followed later by active movements of full extension. These should be practised daily. Retentive apparatus as a rule is inadvisable, as the patient relies too much upon it to prevent recurrence, and it is less tedious than attempts to move a crippled joint. Elastic traction, however, may be applied to assist a weakened extensor muscle. The prognosis will depend upon the condition of the joints, the tendency to gouty or rheumatic affections, and the length of time which has elapsed before treatment has been commenced.

Cuts about the wrist involving the flexor tendons are often followed by deformity and limitation of movement, and if seen for the first time when these have taken place may give rise to difficulty in diagnosis.

The following case will illustrate this point. A boy presented himself with a crippled hand, the result of a severe cut on the flexor aspect of the right wrist, received two months before. There was a scar 2½ inches in length, extending from a point ¾ inch above and ¼ inch inside the styloid process of the radius obliquely downwards and inwards to a point on the hypothenar eminence ¾ inch below, and ⅜ inch external to the pisiform bone. All the fingers were flexed. On attempting to make a fist the terminal phalangeal joints were well flexed, the interphalangeal joints a little, and the metacarpo-phalangeal scarcely at all. Any increased effort only produced flexion of the wrist. There was evidence of median nerve palsy, and the flexor longus pollicis tendon had been divided. The almost useless condition of the hand was, I think, due to the implication of the flexor carpi radialis and flexor sublimis digitorum tendons. In grasping, the extensors of the carpus contract and extend the hand on the forearm, thereby placing the flexors of the fingers in a favourable position to act upon the fingers; but in this case extension of the wrist was opposed by the contracted flexors, and attempts to flex the fingers only resulted in flexion of the wrist.

This result is often brought about by the faulty position in which the hand is placed, to relax the newly sutured tendons during the process of healing, and when once it has been produced it is a matter of extreme difficulty to rectify it. To guard against this, the hand should always be placed in the position of rest.

Notes.

The embarrassed condition of the Hospital Finances continues to give grave anxiety to all connected with the management. It is of little avail to discuss the way in which a debt of something like Fifty Thousand pounds has accumulated. The debt is there and it has to be met somehow or———. We feel that there is not sufficient publicity given to the wants of the Hospital. It is not sufficiently well known. Advertisement is an absolute necessity for the life of a charitable institution. We don't have sufficient log rolling done for us in the Press. It would be a profitable investment to pay a journalist to write small paragraphs constantly about St. Mary's. As it is we only occasionally find a reference, and then we usually find St. Mary's referred to as a Paddington Hospital. When we look at a map of London we can realise the huge district which St. Mary's has to serve. It is the only important Hospital for the north-west section of London. There is no other Hospital to the North or West, nor till we reach the West London in a South-Western direction. A very broad wedge is thus served by one hospital, and a walk through the slums of Paddington, Kilburn, and Bayswater will soon show how poverty stricken much of that district is. It would be well if a map were published as an appeal bringing out these facts. It might also be made to bring out the fact that there is a very wealthy district surrounding St. Mary's and yet the Hospital is Fifty Thousand pounds in debt.

We publish the first list of the Cheadle Testimonial Fund, and sincerely hope that we may have another of equal length for our next issue.

An old St. Mary's man, Colonel Manifold, I.M.S., has recently reaped fresh laurels in the field of exploration. Two years ago he read a paper before the Royal Geographical Society on the subject of the upper basin of the Yang-tse river. Since then he has been in charge of another expedition to that fertile

area with a view to finding how it may be opened up best, and the result of his survey was embodied in another communication to the same learned body on the 10th of this month, which *The Times* of the next day considered worthy of an important leading article.

We are glad to see that the Tennis Club has taken a fresh lease of life, and hope it will find plenty of support, so that a team may not be lacking when the time comes to meet other hospitals.

An anomalous result of the double office of Casualty House Surgeon and In-Dresser came to light recently, as two former holders of those posts were retained on opposite sides for medical evidence in a County Court compensation claim. We hear that the defending counsel learnt for the first time in court that there was "another Richard in the field" from St. Mary's, and was so flabbergasted by the aforesaid Richard (or shall we say George?) that he quite forgot to produce his medico. It is comforting to hear that this unparalleled incident in the history of our House has produced no strain in the ethical relations of its two scions.

SCENE: A Surgical Ward. Time 8 p.m. Enter Nurse (not a native) from theatre.

Nurse: Please Sister, Mr. H. S. wants to know if the Hammer-Toe is ready.

Sister: There isn't a Hammer-Toe for operation.

Nurse: Oh yes, there is, I was just told so.

Sister: Where is it then?

Nurse (*pally*): On the patient's thigh.

Sister (*after a moment's hard thinking*): Why she must mean the Hæmatoma!!

This is a fact.

A division of the O.P. hall is being partitioned off to serve as a new X-Ray Department, and very badly needed it is. When it is in full working order we strongly recommend men to make use of it for learning something of radiography, in which we doubt not Dr. Allpress Simmons will be pleased to help them. It is especially useful for men who contemplate seeking provincial appointments, and a knowledge of lupus work and radiography may score well in an application for such a post. Another point that is worth attention is the interpretation of skiagraphic pictures, for there are many pitfalls for the unwary in such directions as callus and epiphyseal lives, and the faint shadow that indicates a renal stone or a thoracic aneurysm may well fail to catch an untrained eye.

We always entertained a due respect for the powers of the lay staff in the House, but we can only stand aghast and amazed at the latest proof thereof, for the following is a literal transcript of a typewritten notice, which over the signature of a prominent official, occupies a frame in a certain office in the Basement.

"In the absence of foggy or unusually dark days, the times of sunrise and sunset shall be fixed as follows," and then without further comment a list for every month, the April bookings being 5.35 a.m. and 6.45 p.m. respectively. Truly, not a Daniel, but a Joshua come to judgment!

The exanthemata have been busy amongst us, for no sooner had the gloomy portals of the London Fever Hospital clanged on a prostrate and peeling pathologist (in whose lamented absence the merry clicking of the Cambridge Rocker is heard but rarely in the land), than we heard that Morbilli—we will not undignify it by its Anglo-Saxon name—had claimed the Senior House Physician for its own. And then in twenty-four hours came the news that it was only the variety that hails from Germany. Since the Kaiser, however, has decreed that his compatriots form the salt of the earth, there is surely more dignity in the possession of the Teutonic Rotheln than plain English measles. But either affection may be very unpleasant, and we are glad to hear that Ash will be at work again before this GAZETTE appears, and that Spillsbury may soon follow in his steps.

We particularly call the attention of students and practitioners to Dr. Osler's recently published volume of addresses

under the title of "Aequanimitas." The last one in the book, "The Master Word in Medicine," which he delivered comparatively recently at Toronto, is a beautiful piece of writing and of advice.

If the author's recent little after-dinner joke should ever be put into practice, this alone should serve to exempt him from the fate of "Oslerisation."

Our irrepressible office-boy says that as far as he can see the holders of the chairs in Medicine at the two senior Universities must be near relations, for one is Allbutt, an Englishman, whilst the other, though of Canadian birth, is All But an American.

We have discharged our office-boy without a character.

Every cloud has a silver lining, and *apropos* of this platitude, a tale of heroic resolve and scientific martyrdom hails from our hæmophilic laboratory. A seconded son of the sea who is one of the midnight band of workers, being seized with a rigor, examined his blood and found malarial parasites, a legacy of Chinese waters. Disregarding malaise and all those other symptoms with which our readers are so familiar, he determined to possess himself of a complete series of the animalcule's evolution, so resolutely refusing so much as a grain of quinine, he sat up all night and bled himself from hour to hour, and next day we found him weary but happy, before a bench full of slides, submerged in an ocean of Leishman's stain. We trust by this time he is the proud possessor of a specimen of every stage from spore to rosette, and that the delayed alkaloid has quite rid him of his unwelcome visitors.

Burroughs and Wellcome have sent us their extremely neat and useful little photographic note book, which we recommend to all wielders of the camera. The exposure calculator is ingenious and sound, and, undoubtedly, a great help in meeting the amateur's worst bugbear.

Subscriptions to the Cheadle Testimonial Fund.

The following is the first list of Subscribers to the Cheadle Testimonial. The amount already received is £144. It is hoped that those who intend to subscribe, and have not already done so, will send in their subscriptions as soon as possible.

Albury, J. B.
Alleyne, E. A. W.
Anderson, E. D.
Anderson, John
Armstrong, A.
Ash, E. L.
Austin, N.
Austin, S.
Bartlett, E.
Bartlett, E. L.
Batchelor, C.
Battams, J. S.
Beggs, J. E.
Bill, A. F.
Bird, G. G.
Bird, Stanley
Bird, M. Mitchell
Boyd, Herbert
Briggs, M. B.
Brind, E. H.
Broadbent, Sir William, Bart.
Broadbent, J. F. H.
Brooks, F. A.
Caley, G. N.
Caley, H. A.
Carmalt Jones, D.W.
Callender, E. M.
Chown, F.
Clarke, J. Jackson
Clifton, F. W.
Critchett, Sir Anderson
Cunningham, H. H. B.
Dayus, F. H.
Davis, Henry
Davson, S. H.
Dawe, F. S.
Dorin, A.
Downes, E.
Drapes, T. L.
East, E.
Pottinger, Eldred A.
Field, Stephen
Finn, A. R.
Fogarty, D.
Francis, L. A.
Gardner, H.
Garrard, G.
Gibbs, F. R.
Goyder, F. W.
Graham, C. I.
Grosvenor, R. L.
Hall, H. A.
Handfield-Jones, M.
Harben, H. A.
Harrison, H. F.
Hatch, L.
Haylock, S.
Hayden, A. F.
Higgins, O. E.
Hill, William
Hitchens, T. J.
Hodder, A. E.
Holland, S. G.
Honeyburn, W. R.
Hunt, E. R.
Inman, H. M.
Isaac, C. L.
Jackson, A. L.
Juler, F. A.
Juler, H. E.
Klein, J.
Kelly, M. F.
Knott, Sydenham
Lane, J. Ernest
Lawrence, Gwynne
Lawrence, H. Cripps
Lees, D. B.
Leigh, W. Austen
Leon, J. T.
Lewin, F.
Lloyd, P.
Low, A. D.
Low, V. Warren
Lovell, R. H.
Luff, A. P.
Martin, A. A.
Matthews, H. N.
Matthews, J. C.
Mellor, J. R.
Millican, Kenneth
Mivart, F. St. Geo.
Moir, G. C. A.
Morris, Malcolm
Osborne, R. S.
Page, Herbert W.
Paton, Leslie
Pepper, A. J.
Phillips, Sidney
Power, H. R.
Poynton, F. J.
Ramsay, H. W.
Raven, H. M.
Robbins, R. H.
Roth, Felix
Rous, J. B.
Salisbury-Sharpe, W.
Sanders, A. W.

Satchell, W. A.
Senior, A.
Sibley, R. O.
Sieveking, Herbert
Simmons, G. Allpress
Singer. C. J.
Sleman, R. R.
Smale, Morton
Smith, Horace
Smith, Maurice
Smith, S. Maynard
Speers, C.
Spicer, Scanes
St. John, W. St. A.
Sortain, E. L.
Stockwell, G. E. St. C.
Sworder, E. G.
Sworder, H.
Symes, J. O.
Thomas, Danford G.
Thornton, B.
Tidy, S. A.
Van Praagh, H. J.
Wade, A. B.
Watson, W. B.
Webbe, Capt.
Willcox, W. H.
Wise, A. Tucker
Wood, G. E.
Woodcock, H. C.
Wright, A. E.

N.B.—This list only includes sums received or promised before April 6th. Further subscriptions may be sent to Mr. V. W. Low, or Mr. D. W. Carmalt Jones, the Hon. Secretaries.

A Hint to the Deserving Poor.

Dear Mr. Editor.

A certain great University, not a hundred miles from our abode, has in the past shown such financial aptitude that one can only wish it the full mead of prosperity that its resourceful enterprise deserves. For to it belongs the credit of having been the first to devise the ingenious plan of helping to swell its coffers by the publication of trade advertisements on the back of its Pass-lists. Such commendable proof of its assimilation of the spirit of the age cannot fail to meet with our admiration, but at the same time we cannot but express a hope that this keen observation of that which is vulgarly described as the "main chance" will shortly obviate the necessity for so eager a quest of the golden guinea. Should the University however continue on strictly commercial lines, we would suggest that the Examination Paper would prove a more lucrative Tom Tiddler's Ground than the Pass-List; for the latter is not pored over and scanned to its every letter; it is the object of one wild and desperate glance, after which he who has run to read his name quickly departs for the appropriate celebration of such a joyous occasion, and he who has thoroughly assured himself of its absence even more speedly hastens to drown his sorrows in that way which may seem best to him. But from your examination paper there is no such easy escape, for even the most hardened chronic, the heir of all the ages of the tutorial classes, would think shame to quit the place of torment before the clock had shown at least one hour from the time of his entry therein, and the greater part of the victims will sit the three hours through, if not enshrining their knowledge on paper, yet scanning that printed slip (as the shipwrecked mariner may scan the horizon for a friendly sail) to see if some ray of hope and consolation may not gleam from the inky blackness of its serried ranks of queries. From the blatant self-assertion of the Examination Paper there is no escape. And it is in missing this fact that the financial genius of the University in question has shown itself wanting, for an advertisement that it could guarantee would be read by every candidate would surely prove a more lucrative source of income than one hidden away in the hinder parts of an official Gazette, and this more especally, as we would not consign these announcements to the back of our paper, but deftly spatchcock them into the list of questions, so that none, however occupied, would escape their seductions. This may serve for a mere scheme of my idea, but believing, as I do that example is better than precept, permit me to add a paper that may serve as a model on which this plan may be further perfected.

UNIVERSITY OF XXXXXX.

Intermediate Examination in Medicine.

Physiology.

1. Describe the first dentition and the process of development of a tooth.
2. Do you clean your teeth? If so, why don't you use Boston Q. Washington's Imperial Tusk-Varnish? Call at our office 15096, Nightingale Mansions, Bethnal Green (6th floor) to view the latest thing in mouth furniture. Advice and scaling gratis. Booklet two stamps under cover.
3. Bald patch oh? Try Thatcho!

(This is a masterly stroke, as by the law of chances the candidate would have expected this question to be genuine.)

4. Lady doctors like a curly head, like every other girlie. Every lady doctor finds no hair curlers work like Hind's!

(By an *a fortiori* argument this is even more masterly.)

5. Describe the Rolandic cortex. Where is it probable that the centres of cerebration are situated, and on what grounds do you base your conclusions?
6. Is your grey matter greasy? Probably, or you would have got through last time; then come to us and be crammed, we are stuffing specialists, no chronic too tough. The verb To Plough is deleted from our dictionaries. Read our latest successes.

Inter M.B. 1 candidate went up for Physiology only and PASSED showing 100 PER CENT. OF SUCCESSES.

Try our sledge-hammer method. Specially recommended. (£5 extra.) Apply for prospectus to the Blue Lion College, Tutorial Square.

This example will probably suffice to demonstrate the possibilities of the scheme, but I may hint that a round hundred pounds might be well earned by the introduction of some such case for commentary as the following in the examination for the degree of Doctor of Medicine:—

7. Comment on the following case. X. Y. Z., a postman, (who surrounded by his six sturdy and beautiful children was drinking tea in the

rudest health when our reporter called) made the following statement. I, X. Y. Z., do make oath saying—and I call the Mayor of Slopsby-on-Slush to witness the truth of my story—that 6 months ago I had been given up by 35 doctors and that they did not understand my case at the hospital. I was a mere shadow and tasted neither sup nor bite for six months. A nasty burning taste . . . . [details *ad lib.* at £5 per ½ inch] . . . . until one day my brother-in-law's uncle recommended me to buy a 1s. 7¾d. box of Poodle's Peerless Palatable Pellets (searching as a small tooth-comb), and the same night I felt a new man, etc., etc., etc.

Should even these measures fail to bring in the desired income, a yet further increment might be earned by the utilisation of the University's extensive façade as a hoarding for posters, whilst from its noble tower at night a search-light beam might throw on the clouds the praises of such necessary commodities as tobacco or soap. Again, the line the institution has recently adopted of charging its would-be Bachelors a pound for the afternoon's use of a microscope might be most profitably extended in the direction of a pawn-shop in the basement, where impecunious candidates for the Doctorate could deposit their *Lares* and *Penates* in return for a temporary accommodation of the quadruple fee that the University now demands for that degree. But the development of such schemes would require a further paper, and I must already apologise for the unconscionable incursion I have made on your patience, inspired though it was solely by the wish to lend a helping hand to Struggling and Deserving Genius. —I am, Sir, your obedient servant,

JUVENAL JUNIOR.

St. Mary's Hospital Medical Society.

February 22nd.—The President in the Chair, 70 members present.

Mr. Maynard Smith exhibited microscopic specimens.

Mr. Edwin Ash showed a case of probable amyotrophic lateral sclerosis.

Dr. Hyslop read a paper on "Art and Insanity," and afterwards showed lantern slides displaying the artistic efforts of many who had been resident at Bethlem Royal Hospital. A discussion of the paper followed, and the meeting concluded with a hearty vote of thanks to the above gentlemen.

March 8th.—The President in the Chair, 42 members present.

Mr. B. H. Spilsbury showed microscopic specimens.

Dr. Alcock read the paper of the evening entitled, "Recent Work on Chloroform," and amongst other demonstrations, anæsthetised an animal with Dr. Collingwood's new inhaler. The paper was discussed, and a vote of thanks passed to Dr. Alcock and Mr. Spilsbury.

March 8th.—Annual General Meeting. The following gentlemen were elected to hold office to the Society during the next Winter Session :—

President	...	Dr. W. J. Harris
Vice-Presidents	...	Dr. A. E. Wright
		Dr. N. H. Alcock
		Mr. Maynard Smith
		Mr. Carmalt Jones
Treasurer	...	Mr. H. E. Juler
Secretaries	...	Mr. K. A. Lees
		Mr. C. A. Pannett
Council ...	...	Mr. Peachell
		Mr. Rahilly
		Mr. Spilsbury
		Mr. Ash
		Mr. Hayden
		Mr. F. A. Juler

St. Mary's Hospital Football Club.

RUGBY.

ST. MARY'S HOSPITAL 2ND XV.

ST. MARY'S 2ND *v.* STRAND SCHOOL 1ST XV.

Played at Wood Lane, on Saturday, March 4th. This was an extremely good game, and with more weight our opponents would have given us a very difficult task. For the first ten minutes their defence was too good for us, but then Peaty got away and scored a try, which was unconverted. After this we constantly pressed, and before half-time scored again by the joint efforts of Mason and Evans, this try being also unconverted. After half-time the School played more vigorously, and at one time looked very much like scoring; but our forwards rose to the occasion, and we again arrived in our opponents' Twenty-five, and were able to score two more tries before the whistle blew, the first by Boyd, the second as the result of a really dashing run by Johnson, the final score thus being 4 tries to nil.

In spite of the score, it must be confessed that our opponents played a far superior game. Their tackling and their packing in the scrum was much better than ours, though our weight helped us to a great extent.

Our team :—G. D. G. Fergusson, A. H. Thomas, H. L. Barker, F. W. Quirk, J. H. Burdett, A. W. Duncan, C. R. Peaty, A. A. Straton, J. E. M. Boyd, T. Evans, C. T. Edmunds, M. C. Mason, T. A. Tyrrell, E. W. Squire, V. G. Johnson.

ST. MARY'S A *v.* BOROUGH ROAD COLLEGE A XV.

Played at Wood Lane, on Saturday, March 11th. This, a very rough-and-tumble game, ended in our favour by 16 pts. to nil. Rain in the morning had washed out all lines, and as there were no touch-judges there was a little arguing now and then, in which our opponents fairly excelled. From the first we pressed, our forwards working much better than usual. Two tries were scored by Treharne in the first half, another in the second half, and the other by

Anderson, two of these being converted. Our opponents only once got behind our goal line, and if they had not muddled the ball would certainly have scored.

Our team :—G. D. G. Fergusson, E. G. Treharne, E. D. Anderson, J. H. Burdett, A. H. Thomas, A. W. Duncan, C. R. Peaty, J. E. M. Boyd, R. Bryden, H. E. Finlaison, T. Evans, C. T. Edmunds, R. de V. King, T. A. Tyrrell, E. W. Squire.

Now that the last match has been played, we shall do well to look at the season's results. Taking all things into consideration, these are fairly encouraging. Out of 16 matches we have won five, drawn three, and lost eight, not including the 2nd XV. Cup-tie, which we also lost. In fact, as this is the first season for some time that we have been able to run a 2nd team absolutely distinct from the first, I think we have every reason to congratulate ourselves. Last October we could hardly call ourselves a team at all, but just fifteen men trying to play Rugby football. Some who are now the very backbone of the team had hardly played before in their lives. But now matters have vastly improved. Each man has his definite place, knows what is expected of him, and, what is more, does it. The mere fact that three or four of our men, on one occasion *six*, have been taken at one time to fill vacancies in the 1st XV. shows that we have not worked in vain. For on these occasions what would have happened to the 1st XV. if there had been no 2nd XV. to draw from ?

Our prospects for next season are good, and with ordinary luck we ought to win at least two-thirds of our matches.

CHARACTERS OF THE TEAM.

A. A. Straton (Forward), Captain.—A good forward, works hard in the scrum, useful in the line out, tackles well. In common with the Vice-Captain, has set a good example in keenness to the rest of the team.

J. E. M. Boyd (Forward), Vice-Captain.—One of the best forwards in the team. Specially good in the loose.

J. H. Meers (Forward), Hon. Secretary.—An energetic Secretary, and a sound forward, very useful in the scrum.

R. D. Neagle (Three-qr.).—Very fast, inclined to be selfish. Must collar lower and harder.

H. L. Barker (Three-qr.).—A very useful man, uses his pace and dodges well, but sometimes rather inclined to be selfish.

G. D. G. Fergusson Back).—Has played well throughout the season. Good safe tackler and very cool, but occasionally is poor at fielding.

J. H. Burdett (Three-qr.).—Vastly improved since the beginning of the season, hard worker, and shows plenty of resource.

C. T. Edmunds (Forward).—Hard worker, but clumsy with the ball and inclined to pass erratically. Otherwise one of the most useful members of the team.

C. R. Peaty (Half-back).—An excellent half, runs and dodges well. The best tackler in the team.

M. C. Mason (Forward).—Though only started playing Rugby football in November, is now one of our best forwards. Collars well, and uses his weight. Good in the loose, but in the scrum does not always pack properly.

E. J. Dicks (Forward).—Rather light for a forward, but does good work in the loose and in the line-out.

R. de V. King (Forward).—Works hard, especially in the loose, but does not get into the scrum quick enough.

W. L. Cowardin (Forward).—Does not use his weight sufficiently in the scrum, and must be much more energetic in every way.

T. A. Tyrrell (Forward).—Works well, but is slow. Tackles well, and should be very useful next year.

A. W. Duncan (Half-back).—Tackles well, but is very slow, especially in passing the ball out from the scrum.

A. H. L. Thomas (Three-qr.).—Erratic. Must learn to make up his mind quicker and to run straight. Collaring and kicking improved towards the end of the season.

J. H. MEERS,
Hon. Sec. 2nd XV.

The Hymn of an Old Anatomist.

If we need any exhortation against a casual or flippant attitude towards those studies which we have elected to pursue, we can find no better corrective than the writings of our professional forefathers of the 16th and 17th centuries. It was a heart-whole service that they gave to the then tiny temple of science, that by their efforts and those of their successors has grown into the stately edifice in which we serve. These sermons are to be found not only in such counsels of ethical perfection as are set forth in the noble periods of a Sir Thomas Browne, but also in the scientific writings of his contemporary physicians and anatomists. It is to one of the lesser lights of these that we would call attention ; John Halle has not left the mark on his science that did Harvey earlier, and Malpighi or Vesalius in his day ; in fact, the recital of much of his anatomy will bring a smile to the lips. Take, for example, his description of the stomach : "It hath the liver on its right side, chafing and beating him with his lobes or Figures, and the Spleen on the left side, with his Fatnesse and Veynes, sending him to melancholy, to exercise his appetites : and above him is the heart, quickening him with his Artiers ; also the Brain sending to him a Branch of Nerves to give him feeling." You are not smiling, but laughing, mocking perhaps, learned reader, versed as you are in the splendid splanchnology of His or Jonnesco ; but stay a minute, read through these verses from the same pen, and between their archaic lines you may find a Religio Medici, or rather Chirurgici, that you may do well to take to heart :—

*But chieflye the Anatomye
Ye ought to understand
If ye will cure well anythynge
That ye doe take in hand.

For by the same, above the rest
Ye shall greate fame preserve
The life of man from many straights
To save and to preserve.

Without the knowledge of which art
Thou canst not choose but erre,
In all that thou shalt go aboute
Thy knowledge to preferre.

As if ye cutte or cauterize
Or use Phlebotyme
Ye can not but erre in the same
Without Anatomye.

He is no true Chirurgien
That can not shewe by art
The nature of everye member
Each from other apart.

For in that noble handye work
There doth nothing excell
The knowledge of Anatomye
If it be learned well.

Endeavour therefore by all means
The same to know and con,
For when thou hast it perfectly
Thine art is halfly won.

For thereby shalt thou understand
Of each member in dede
Their nature and their offices
And how they doe proceede.

And unto what good use they serve
As well the leaste as moste,
And by their hurt prognosticate
What action will be loste.

Whereby of knowledge and great skill
Thou shalt attain the bruit,
And men to thee in generall
For helpe shall make their suit.

Wherefore all honour, laud and praise
To God ascribed be,
The Father Sonne and holye Ghoste
One God and personnes three.

St. Mary's Hospital Lawn Tennis Club.

At a General Meeting of the Club held on Friday, March 24th, the following Officers were elected for the ensuing season:—

President	...	Dr. Caley.
Hon. Secretary	...	L. H. Goh.
Committee	...	H. H. Baker.
		R. A. Bryden.
		H. N. Rickman.

Three Courts have been obtained for the use of the Club at Acton, close to the G.W.R. Station.

* We are indebted for these verses to the Archaeologica Anatomica in the *Journ. of Anat. and Phys.* of Jan, 1900.

Reviews.

GUIDE TO THE EXAMINATION OF THE THROAT, NOSE AND EAR. By William Lamb, M.D., M.R.C.P. pp. xii. + 152. Illustrated. 5/- net.

HANDBOOK OF DISEASES OF THE EAR. By Richard Lake, F.R.C.S. 2nd edition. pp. x. + 242. Illustrated. 6/- net.

ADENOIDS. By Wyatt Wingrave, M.D. pp. 125. Illustrated. 2/6 net.

MALIGNANT DISEASE OF THE LARYNX. By Philip De Santi, F.R.C.S. pp. 107. 4/- net.

It happens that these four works, all from the press of Ballière, Tindall and Cox, and on closely cognate subjects, fall together for review; the first two are handbooks that are intended for senior students as well as practitioners, the last two are monographs that will hardly appeal to unqualified men. We may say at once that they are an admirable series, written by men with full knowledge of their subjects, and in the three books which are illustrated, the pictures are no whit inferior to the text. The first book, which comes from Birmingham, would be a profitable investment for students attending the special departments of which it treats, and a still more profitable one for practitioners regretting that they had neglected attending them. It should prove valuable as a guide to clinical work. Mr. Lake's work on Diseases of the Ear has our unqualified approval; the copy before us is of the second edition. To anyone who has been confronted by Politzer's mighty tome (whose dimensions closely rival a certain Instrument catalogue), it is refreshing to find condensed into a small octavo volume such good plain teaching as to what the aurist can do, ought to do, and cannot do. The chapter on Mastoid operations is good, and the book includes such up-to-date methods as Electric Oto-Massage for middle ear fibrosis. We heartily recommend the work to the general practitioner as well as the student; the former hard-working class must necessarily at times rely on the experience of others in "special" diseases, and here is ripe experience, well set down and clearly expounded.. The monograph on Adenoids should also interest a large medical public, as the operation for that condition is probably the most frequent one that falls to the lot of the "G.P." It is exhaustive and authoritative, and well worth reading. We note that Dr. Wingrave strongly disapproves of Chloroform being used as the anæsthetic for curettage, more especially since the introduction of Somnoform and Ethyl Chloride. We can only admire his sensational frontispiece, a life-sized reproduction of three adenoids an inch long and nearly as broad. The last of these four books is an interesting monograph on a somewhat special subject. It is written, as the author states, to vindicate English operative methods of treatment for which the author states a sound case. We have derived considerable satisfaction from the perusal of this quartette of small works.

WALSHAM'S HANDBOOK OF SURGICAL PATHOLOGY. 3rd edition; revised and largely re-written by H. J. Paterson, M.B., F.R.C.S. Ballière, Tindall & Cox. pp. xxiv. + 529. 10/6 net.

The author states in his preface that the former editions of this book were intended as a guide to the

Museum of St. Bartholomew's Hospital, but that he has extended its scope to serve as a text-book for use in other pathological museums. We can only regret his action, more especially as the book is issued under the utterly misleading title of a "Handbook of Surgical Pathology." A very large proportion of its pages are occupied with descriptions of individual specimens in the St. Bartholomew's Museum, and this principle of writing strikes us as an utterly false one. If it must be employed, it would be more straightforward to give some indication of it on the title-page. Does the author suppose that every reader can pay a pilgrimage to this special museum, or is it that the specimens he describes are the very acme and type to which all similarly diseased organs should conform, and that they are described in such graphic terms that an actual visual inspection of them is quite unnecessary?

LANDMARKS AND SURFACE MARKINGS OF THE HUMAN BODY. By Louis Bathe Rawling, M.B., B.C. (Cantab), F.R.C.S. (Eng.). H. K. Lewis, London. 1904.

There has long been a demand for a volume on the surface markings of the human body which is both handy and reliable. Until recently the student has only been enabled to satisfy his yearnings for knowledge in this most important subject by reference to the chapters inserted into the larger text-books of anatomy. Mr. Rawling has supplied the deficiency in a manner which should entirely remove that now not uncommon phenomenon, the fifth-year man who, even on the verge of going up for surgery, is sublimely ignorant of his landmarks.

The book is illustrated throughout with photographs of a subject on whom the structures referred to in the text have been depicted with Indian ink and ingenuity. Another innovation which is very successful is the scheme of marginal references whereby the attention of the reader is constantly directed to the illustrations.

We are glad to see that the author lays stress on the importance of taking distances from bony points which are immovable, as is done in finding Addison's transpyloric plane, a most valuable landmark in abdominal topography.

The only criticism which we have to make on a thoroughly excellent book is that the head and neck have hardly received sufficient attention in comparison with that given to the other parts of the body.

"THE AFTER-TREATMENT OF OPERATIONS." By P. LOCKHART MUMMERY, M.B., F.R.C.S., Surgeon to King Edward VII. Hospital, Assistant Surgeon to St. Mark's Hospital. 2nd edition. Ballière, Tyndall & Cox, London, 1904. Price 5s. net.

This book supplies a long-felt want, and supplies it well. No house surgeon should be without it. By its aid he will be able to avoid altogether most of the complications which are liable to occur after operations, and those which are inevitable, he will be able to deal with in hints, which we do not remember to have seen elsewhere. To take a single example, it is suggested that the reason for the frequent failure to develop a collateral circulation in the leg after ligature of the femoral artery is due to the fact that the new vessels which are called into play run down the back of the leg and are obstructed by the dorsal decubitus. If the patient is kept on his abdomen the trouble is obviated.

The chapter on "Shock" is especially good. It gave a very clear account of a difficult complication whose importance has hitherto been underestimated.

May we suggest to Mr. Mummery that there is a great field for a booklet on the treatment of the patient preparatory to operation? It might perhaps be incorporated with advantage in future editions of the present volume.

SERUMS, VACCINES AND TOXINES IN TREATMENT AND DIAGNOSIS. By Wm. Cecil Bosanquet, M.A., M.D. Oxon., F.R.C.P. London. Cassell & Co., London. Pp. vi. and 344. 7/6 net.

This is the second of the "Modern Methods of Treatment" series and its perusal has done much to engage our approval of the aims and methods of that series. It is a book for which there was not only room but a need, and gives in an orderly and readable form the most tangible result of the work of the pioneers in that field of medicine that promises so well for the future. The volume is specially suitable for the practitioner or student who has not had opportunity to keep himself *au fait* with the advances in Bacteriological methods of diagnosis and therapy that are reported from time to time in the medical press, no undue importance is attached to remedies at present experimental, and the author seems to hold an even balance between the claims of various curative or would-be curative sera. It is also a book that we thoroughly recommend as a sound investment for any student proceeding to a degree in medicine who feels at all shaky on this most important branch of science.

THE OPEN-AIR TREATMENT OF PULMONARY TUBERCULOSIS. By F. W. Burton Fanning, M.D.Cantab. Cassell & Co., London. Pp. vi. and 172. 5/- net.

This monograph is of the same series as the last book and is as well-informed and sound in its teaching. The author writes out of a full Sanatorium experience, and we consider his classification of cases from the point of view of prognosis to be specially valuable. We recommend the book to any reader who wishes for hints as to the carrying out of the Open-Air Treatment at the patient's home. The book abounds with really practical instructions as to treatment, dietary, &c. (in which latter subject the author's views seem to us very sound), and the clinical picture of the "White Man's Scourge" that he represents is quite a good one; it is essentially a book to be recommended to the general practitioner. Lastly a great point that he strongly insists on should be taken to heart by many, that a constant pyrexia should not be neglected simply because its possessor is the subject of pulmonary tuberculosis.

Books Received.

THE MEDICAL ANNUAL, 1905. Pp. 710. J. Wright & Co., Bristol. Price 7s. 6d. nett, with Stereoscope, at 2s. 6d. extra.

THE NAKED EYE ANATOMY OF THE HUMAN TEETH. By Thos. E. Constant, L.D.S. Pp. 189. J. Wright & Co., Bristol. Price 7s. 6d. nett.

LECTURE ON DISEASES OF THE STOMACH AND INTESTINES. By Boardman Reed, M.D. Pp. 981. J. Wright & Co., Bristol. Price 21s. nett.

Appointments.

ALBURY, J. Baird, L.R.C.P., M.R.C.S., has been appointed Assistant Surgeon to the New Providence Asylum and Hospital, Bahamas.

BATTEN, H. E., L.R.C.P., M.R.C.S., has been appointed Senior House Surgeon to the Royal Albert Edward Infirmary, Wigan, Lancs.

CUNNINGHAM, H. H. B., M.D.Brux., L.R.C.P., M.R.C.S., has been appointed Clinical Assistant to the Hospital for Sick Children, Great Ormond Street, W.C.

DAWE, F. S., M.D., B.Sc.Lond., L.R.C.P., M.R.C.S., has been appointed Casualty Physician to the Hospital.

DRAPER, R. A., L.R.C.P., M.R.C.S., has been appointed District Medical Officer to the York (Out-Relief) Union.

PALMER, R E., L.R.C.P., M.R.C.S., has been appointed House Surgeon to Mr. Page.

PEACHELL, G. E., M.B., B.S.Lond., L.R.C.P., M.R.C.S., has been appointed Junior Assistant Medical Officer to the West Sussex County Asylum, Chichester.

SALL, Ernest F., L.R.C.P., M.R.C.S., has been appointed Senior Assistant Medical Officer to the West Sussex County Asylum, Chichester.

SPEERS, W. Gordon, L.R.C.P., M.R.C.S., has been appointed Assistant Medical Officer on the Staff of the Hospital Samaritano (English Hospital), São Paulo, Brazil.

Change of Address.

Allen, C. W., L.R.C.P., M.R.C.S., 40, Fortune Green Road, West Hampstead, N.W.

Clayton Greene, W. H., M.B.. B.C.Camb., F.R.C.S., 43, Queen Anne Street, W. (Telephone 1624 Paddington.)

Harris, Wilfred, M.D., B.C.Camb., M.R.C.P., 61, Wimpole Street, W. (Telephone 564 Mayfair.)

Nicholson, F. Dering, B.C.Camb., The Limes, Framlingham, Suffolk.

Pooley, J., L.R.C.P., M.R.C.S., 33, Queen Anne's Grove, Bedford Park.

Smith, S. Maynard, M.B.Lond., F.R.C.S., 1, Spanish Place, Manchester Square, W. (Telephone 2890 Paddington.)

Speers, W. Gordon, L.R.C.P., M.R.C.S., 18 Largo dos Guayanazes, São Paulo, Brazil.

Sworder, E. G., M.B., B.C.Camb., L.R.C.P., M.R.C.S., "Aldenham," 2, Clifton Road, Folkestone.

Thompson, F. G., M.B.Lond., 74, Argyle Road, West Ealing.

Wall, Vivian F., L.R.C.P., M.R.C.S., L.S.A., 6, Albany Court Yard, Piccadilly, W. (Telephone 6170 Gerrard).

Pass Lists.

CONJOINT BOARD.

FIRST EXAMINATION.

Chemistry and Physics.—F. Basford, W. C. Comissiong, G. L. Lawlor, J. D. G. Little.

Elementary Biology.—T. R. Davey, S. B. Depree, C. D. Faulkner, E. G. P. Faulkner, N. H. Gilbert, J. D. G. Little, V. C. Martyn.

Practical Pharmacy.—A. R. Litteljohn, U. Marks.

SECOND EXAMINATION.

Anatomy and Physiology.—A. W. Bevis, J. E. L. Johnston.

SOCIETY OF APOTHECARIES.

Diploma.—A. Rogers.

The Services.

ROYAL ARMY MEDICAL CORPS.

The undermentioned gentlemen to be Lieutenants on probation. (Dated January 31st, 1905.)

E. G. R. Lithgow, L.R.C.P., M.R.C.S.

J. M. B. Rahilly, M.B., B.S.(Lond.), L.R.C.P., M.R.C.S.

Captain G. T. K. Maurice, L.R.C.P., M.R.C.S., has changed station to India.

ROYAL NAVY MEDICAL SERVICE.

Surgeon L. Lindop, L.R.C.P., M.R.C.S., has been appointed to H.M.S. *Ganges*.

Announcements.

MARRIAGES.

LE BAS—DE CRESPIGNY.—On December 22nd, at St. Peter's, Eaton Square, by the Rev. T. B. Wood, Lieut. Dumaresq Le Bas, R.A.M.C., L.R.C.P., M.R.C.S., only son of the late Dumaresq Le Bas, of Monte Video, Uruguay, to Mary, widow of the late Robert de Crespigny, of Sandy Mount, Dublin.

ARGLES—LENDON.—On April 1st, at the parish church of St. George, Beckenham, Kent, by the Rev. Henry Arnott, rector and rural dean, assisted by the Rev. Henry Tootell, vicar of Overton, Wilts, Robert L. Argles, L.R.C.P., M.R.C.S., capt. R.A.M.C., eldest son of (the late) Robert Argles and Mrs. Argles, of Oxford-terrace, Hyde Park, to Gwendolen A. B. Lendon, youngest daughter of William H. Lendon, of St. James' Court, Buckingham Gate, and formerly of Beckenham.

BIRTH.

SWORDER.—On April 6th, at "Aldenham," 2, Clifton Road, Folkestone, the wife of E. G. Sworder, M.B., B.C.Camb., L.R.C.P., M.R.C.S., of a daughter.

Resident Patients Wanted.

Well appointed house, overlooking sea and gardens. A. A. Martin, M.D., B.S. (Lond.), L.R.C.P., M.R.C.S., D.P.H., 15 Victoria Place, Eastbourne.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XI.—No. 5. MAY, 1905. Price 6d.

An Urgent Appeal.

The financial affairs of the Hospital are at present in a very serious condition. All charitable institutions should be in a state of poverty. It is a necessity almost of their success that they should not be allowed to sink into the lethargy of affluence. But there comes a point when the poverty is so great that it ceases to be a stimulus to continued effort, and becomes a serious hindrance to effective working. We are afraid that St. Mary's is at present in that disastrous position. She is faced with the immediate necessity of raising Sixty thousand pounds, and if this cannot be done not only will the authorities be unable to utilise the New Wing, but they will be forced to close some part of the old building. In completing the New Wing, and in the structural alterations in the Old Wing rendered necessary by this completion, a debt of £35,000 has already been incurred, a deficiency of £10,000 in last year's General Maintenance fund brings the existing debt up to £45,000, and before the New Wing can be rendered fully available for use a further sum of £15,000 will be required. This makes up a grand total of £60,000. To any one who does not know how the demands on the Hospital have grown in the last ten or fifteen years, a glance at one of the Resident's books of patients awaiting admission would be a revelation. At times it seems almost hopeless to the House Surgeon to expect to be in a position to take in any case other than one of urgency. No sooner is there a glimpse of a chance of an empty bed than half a dozen cases, each more urgent than its neighbour, seem to turn up from all quarters. A still more striking object-lesson in the necessity for enlarging the Hospital can be gained by a look at the map of North-West London, the district served by the Hospital. St. Mary's is the only General Hospital of any importance for a district bounded on the East by Regent's Park, on the South by Oxford Street and the Bayswater Road, and passing on the North and West through crowded slums and almost as crowded suburbs to the green fields three or four miles away. The population of this district has risen from 162,500 in 1851, the year of the foundation, to 527,000 in 1904. To put it in another way, St. Mary's is the main Hospital of a district more populous than Birmingham, as populous as Manchester, and only exceeded in England by Liverpool. That is the Home District of the Hospital. Beyond that, its position next to Paddington Station makes it the natural London Hospital for patients

from the great district supplied by the Great Western Railway. As the Hospital is at present, the In-patient Department is absolutely incapable of keeping pace with the Out-patient Department. How much worse will the condition be if the loss of income necessitates the closing of part of the Old Wing? And that is the alternative with which the Board is faced at the present moment. Either this sum of £60,000 must be raised or the Hospital must close some of its Wards. Not only that, but an increased annual revenue must also be found.

We feel that to no one will our needs more deeply appeal than to those who owe their education and their success in their profession to St. Mary's Hospital. Many of you, old St. Mary's men, may not be able to contribute largely yourselves, but all of you can contribute something, and all can spread abroad the knowledge of our claimant's needs. We are proud of the position which has been attained by the youngest of the Great London Hospitals. But being the youngest it has the smallest portion and it is worth an effort to increase that portion; it is worth an effort to keep St. Mary's in the position she has attained, to increase, if possible, her power of doing good. Take the lowest of motives, that of selfishness; from that alone it would be well to support this appeal, any increase in the prestige of the hospital brings with it a reflected prestige on the students of that hospital. How much do Bart.'s and Guy's men not owe to the mere fact that they are known to be from those ancient and well-known institutions? We fear no comparison with them or any other hospital in the matter of teaching. Let us, then, increase the power and influence of the Hospital. Do not mistake me, I make a perfectly definite appeal to every man who reads this Gazette personally to do something to help on the hospital. I would have each man realise how urgent the need is and have him also realise that he himself can help, directly and indirectly. *Bis dat qui cito dat*, which I may translate wrongly as, "Give quickly and give often." But give! Of your wealth or of your competence give to your *alma mater* in these days of her poverty and need.

"Recent Work on Tetanus." *

By A. E. WRIGHT, M.D., *Pathologist to St. Mary's Hospital.*

After giving a brief account of the discovery of the Bacillus Tetani, and of its morphological characters, Dr. Wright passed on to consider its occurrence in nature. He pointed out that it was associated with the fæces of the large herbivora, hence its common occurrence in highly-manured soils such as those of gardens and the dust of roads. The bacillus had frequently been cultivated from horse's fæces, and it was possible that the organism multiplied in the intestines of this animal since the conditions necessary for its growth were present there. As regards its common occurrence in garden soil, Nicolaier had shewn that samples of such soil introduced subcutaneously into mice frequently gave rise to the disease.

The disease consisted in a local infection through a skin abrasion, the bacilli multiplying locally and producing toxins which were absorbed, and by their action on the nerve cells, gave rise to the disease. The organisms, in man at any rate, never spread from the site of inoculation, and they were generally present there only in small numbers.

Now, with these scientific data regarding the occurrence of the Bacillus Tetani, how was it, Dr. Wright asked, that Tetanus was such a comparatively rare disease? An explanation was afforded by the work of Veillard and Rouget. These observers performed the following experiments upon susceptible animals:—they inoculated first the filtrate from a broth culture of Tetanus, *i.e.*, the Tetanus toxins, and succeeded in producing the disease; they then inoculated with the residue on the filter, *i.e.*, with the bacilli and adherent toxins, and again had a positive result; lastly, on inoculation with the washed residue, *i.e.*, with the bacilli alone, they did not produce the disease, except when the bacilli were introduced in very large numbers.

The conclusions drawn from these experiments were: first, that it was the toxins which were absorbed and produced the disease; secondly, that it was necessary for the bacilli to be protected for some time after their introduction into the wound, *e.g.*, by the presence of some toxin, to enable them to grow and to produce toxin.

Further illustrations of the second of these conclusions were afforded by the experiments of Veillard. He inoculated animals with preparations of Tetanus spores without either bacilli or toxins. These he obtained by heating broth cultures to 80° C for five minutes; in this way the bacilli and toxins were destroyed, while the spores were unaffected and were capable of development when placed in suitable conditions.

On the introduction of the spores alone the disease did not develope, but if introduced even in small numbers mixed with sand, or with large numbers of other organisms, or with such substances as Lactic Acid or Quinine, or if they were embedded in splinters of wood or Agar jujubes and these introduced under

* *Abstract of an Address delivered before the S.M.H. Medical Society, on November 16th, 1904.*

the skin, in all these conditions Tetanus was readily produced. The sand or other organisms acted by distracting the attention, as it were, of the phagocytes from the Tetanus spores, thus allowing some of the spores to develope into bacilli and to produce toxin. The chemicals acted by repelling or paralysing the phagocytes, whilst the other means adopted mechanically protected the spores.

These experiments emphasize the importance of the early and thorough cleansing of wounds which may have been infected with Tetanus organisms, and they throw light upon the frequency with which Tetanus developes in the tropics as the result of the subcutaneous injection of Quinine, as well as those cases of Tetanus which have been produced by the injection of Gelatin in the treatment of Aneurisms.

Dr. Wright then gave an account of work which had been done in tracing Tetanus toxin from the site of its production to its destination in the nerve cell. The only situations in which Tetanus toxins could be demonstrated in the body were—the wound, the central nervous system, and certain nerves and possibly in the blood.

The following experiments by Meyer and Ransom shewed the important part which the peripheral nerves played in the absorption of Tetanus toxin. If Tetanus toxin were introduced into one hind limb of an animal, and the Sciatic Nerve of that side was cut either previously or within 1½ hours after inoculation, the disease did not develope. Moreover, the toxin was shewn to be present in the distal but not in the central end of the cut nerve. In another experiment they blocked the passage of the toxin by injecting anti-toxin into the sheath of the Sciatic Nerve before or soon after inoculation of the toxin. As a corollary they injected Tetanus toxin into both hind limbs of an animal and anti-toxin into one Sciatic Nerve; the toxin was afterwards found only on the side into which anti-toxin had not been introduced. To illustrate the importance of the number of paths of absorption, the same authors performed the following experiment. One tenth of the minimal lethal dose of Tetanus toxin was divided into 10 equal parts and these were introduced into 10 different parts of the animal. The animal died although the sum total of toxin was only one tenth of the minimal lethal dose for that animal. The explanation is that the poison is absorbed better through 10 channels than through one.

If Tetanus toxin is introduced into the blood stream the incubation period is longer than when it is introduced into a nerve sheath or subcutaneously. The explanation of this is probably that the toxin must enter the nervous system through the peripheral nerve-endings and must then travel up the nerve. This may possibly afford a clue to the normal nutrition of the Central Nervous System. What evidence there is points to the axis cylinder as the part of the nerve which conducts the toxin up to the nerve cell, and it is based upon the following experiment. The nerves of one hind limb of an animal were cut and allowed to undergo complete Wallerian degeneration. On subsequent injection of Tetanus toxin into that limb, none could be detected in the degenerated nerves.

It is doubtful whether any toxin is absorbed by the Sensory Nerves. Experiments upon pure Sensory Nerves have been either negative or inconclusive in their results, and the introduction of toxin into the Posterior Roots between the Ganglion and the Spinal Cord is followed not by true Tetanus, but by "Tetanus Dolorosus," in which excruciating pain developes in the part supplied by the nerve roots.

Dr. Wright pointed out the differences in the early manifestation of Tetanus in man and in small animals. In the latter, the first symptoms appear in the inoculated limb. The explanation of this difference may merely be one of relative size. In man infection is generally through a wound in the hand or foot, which is connected with the central nervous system only by long tracts of nerve fibres. Thus whilst absorbtion is taking place through this channel, some toxin may pass into the blood, enter other motor nerves through their nerve endings, and, when these nerves run only a short course, as is the case with the facial nerve may actually reach the central nervous system first.

Lastly, Dr. Wright quoted some experiments in explanation of "Idiopathic or Medical Tetanus," where there is no external wound. If guinea-pigs were heated to a temperature of 108° F. and inoculated with Tetanus, they died in 24 hours instead of the usual three days, and Tetanus bacilli were found in their blood and organs.

Again guinea-pigs were inoculated with washed Tetanus spores; if they were heated to 108° F. even as long after the inoculation as 60 days, they developed Tetanus. The Tetanus spores had lain dormant in some way, and developed when the resistance was lowered.

St. Mary's Hospital Athletic Club.

To the Editor of the GAZETTE.

Dear Sir,—The Annual Athletic Meeting of the Hospital will take place at Paddington Recreation Ground, the first or second week in June. The United Hospitals Meeting has been fixed for June 24th. For some years now St. Mary's have shown up in a very bad light at this meeting, and unfortunately far too often have not shown up at all.

I would therefore urge all men who run, jump, or otherwise are able to do anything in the way of sports, to make a special effort this year to try and win back the lost laurels for St. Mary's. Not many years ago St. Mary's was looked upon as one of the foremost Hospitals in the athletic line. Now, I am sorry to say, the reverse is the case.

There are a large number of new men in the School now, and there is no reason why the Hospital should not be well represented at the U.H. Meeting, both in numbers and proficiency.

I therefore ask all men to start right away now, and train for this meeting. Training is essential, and in late years, when we have been represented at Stamford Bridge, the efforts of the men have been abortive solely on the ground of unfitness.

I trust that every man who has the slightest capacity for running will set to and train hard. Any one who wishes may train at the Paddington Recreation Ground by applying to the man in charge, who will give them books of tickets at the cost of something like 4d. each.—Yours truly,

ALAN S. WELLS, *Hon. Sec.*

Notes.

We publish a full report of the well-attended meeting of the Governors and Subscribers recently held to consider the Hospital's serious financial position, and we have dealt at length with the whole matter on our first page, but we cannot forego reference to the crisis in this column also, as this is a special appeal number and doesn't pretend to be anything else. And we beg all of our readers once more to consider very earnestly what a terrible pass their hospital has come to, and to do all in their power to help her out of it.

It is with much regret that we notify the death of Colonel Stanley Bird, which took place in the week before Easter. Colonel Bird had been in failing health for some time, and had resigned the Chairmanship of the Board. which he had held for many years. But he still maintained all his keen interest in the Hospital and its affairs which he had shown for many years, and at the time of his death he was Chairman of the House and Finance Committee and of the Building Committee of the Clarence Wing. It was largely on his initiative that the memorial to the men who died in South Africa was started. In many ways he showed his interest in the affairs of the Hospital for which he worked so long and so well. His death is a great loss to the Hospital, which can ill afford to lose such a good friend.

For some time past a scheme has been in the air for the foundation of a Students' Cot. The prime mover in the scheme is a man of such energy and keenness on behalf of any good thing for St. Mary's that it has at last taken practical form, and we are able to announce that at a recent meeting of students such definite action was taken as will, we hope, lead to the endowment of the first cot in the Clarence Wing by present students of St. Mary's. We shall deal fully with this movement, which has our strongest support, in our next issue.

The Times of May 1st contains a little item of news which will be of widespread interest to our readers. It announces the approaching marriage of Dr. H. A. Caley to Dorothy, second daughter of the Rev. W. F. Green, M.A., Vicar of East Budleigh, Devon. We heartily congratulate our Dean on this announcement.

We also offer on behalf of the School hearty if tardy congratulations to Dr. and Mrs. Alcock on their recent wedding, particulars of which appear in another column.

The Hospital Ball on the 24th of the present month bids fair to be a decided success. Already at the time of writing nearly 350 tickets have been sold, and as the Committee have wisely decided to limit the numbers, there seems now to be little doubt that the limit will be reached easily. The Ball will take place at the Empress Rooms, and extra accommodation for sitting and smoking has been provided. Any Mary's men wishing to come should apply as soon possible to the Hon. Secretaries, Mrs. Henry Juler, 23, Cavendish Square, W., or Mr. Leslie Paton, 1, Spanish Place, W., for tickets, price One Guinea each.

At a recent Comitia of the Royal College of Physicians, Dr. Wilfrid Harris and Major Leonard Rogers were elected Fellows. In both cases the election to the full Fellowship has come earlier than usual. In the case of Major Rogers it is specially noteworthy in that there are very few men in active service in either the I.M.S. or the R.A.M.C. who have been elected to the full Fellowship of the College of Physicians. To all who have noted from time to time the excellent work that he has done, it, however, will come as no surprise that he should, so soon after becoming a Member, be elected a Fellow.

Dr. John Anderson, Lecturer on Tropical Diseases, will give a special lecture on "Sprue," in the Anatomical Theatre, on Monday, 22nd inst., at 4 p.m.

It is some months since we raised our somewhat stale and half-despairing appeal on behalf of those empty cases that hang above the dais in our library; perhaps, however, there may be some of our younger

generations who know not that a few brief years ago they sparkled with the scintillating glories of many silver trophies which told of the prowess of St. Mary's in almost every branch of athletic achievement; and especially were we accustomed to see the now saddened countenance of our librarian set off by that magnificent shield which is to be shortly won at Stamford Bridge. Can we not, anyhow, raise a respectable sports team this year for the inter-hospital contest? Surely from amongst the ranks of the many keen footballers whom last season brought forth some champion of the cinder-track may arise for the athletic credit of St. Mary's, and to such an one we have but one word; Train, Train, and again Train!

No sooner was this in type than we received the stirring appeal on behalf of the same cause that we print in our Correspondence columns, from the most energetic secretary of the Athletic Club. We trust that Wells' letter will not have been written in vain.

We publish a somewhat unseasonable review of the "characters" of last year's Rugger Team, and had hoped to balance it with a prospect of the Cricket season; but alas, our cricket specialist has not sent in his prognosis in time for press, perchance he finds it too heavy a responsibility, or perhaps all his spare time is put in at the nets (more power to his elbow and all his brothers' as well!) Of course a mere literary G.P. would not venture on such delicate prophecy, so we must e'en let the future look after itself and content ourselves with wishing the team the best of luck throughout their campaign.

We wish to call special attention to the Rifle Club, which has already started the shooting season with keenness. The Presidency, which Mr. Silcock's death left vacant, has been accepted by Mr. Low. We hope to publish further information about practice, competitions, etc., in our next issue, but we may say, meanwhile, that the Club goes to Runnemede every Friday for practice, leaving Paddington at 12.30 or 1.15, that the cost per man is about 5s. each day, and that the personal possession of a rifle is not a *sine qua non*. We hope that local patriotism will induce any promising shots to practice thoroughly, even if they are not inspired by (shall we call it) the Higher Patriotism.

News of old Mary's men has been scarce of late, but the other day we heard tidings of Lieutenant "Teddy" Easton, of the I.M.S. He is now temporarily stationed at Simla, but not leading that "sub-deodar" existence with which students of the great Rudyard are so familiar. He has, on the contrary, the somewhat onerous task of keeping the plague out of the famous hill-station, which means that he has to be constantly inspecting three different stations for examining natives entering the town and disinfecting their kit, to see the work is done efficiently. He says that at the time of the late earthquake he was at Kamal and in bed, and was hardly able to get to the door of his room, several people were killed in that city but no Europeans. He met one lady who descended in her bed through two stories and escaped unhurt!

He has met at Simla an old friend in Captain James, who has won distinction in the service by his work on Malaria and Mosquitos; he sends bad news of Sumner, who is well known to many of our readers; he has had a nasty horse accident when on the Frontier, resulting in a severely fractured pelvis. If he should chance to see this page we offer him our hearty sympathy and wish him the speediest recovery possible.

Letters from men of a past generation about their doings are always very welcome, especially when they come from abroad. We feel sure that Easton will pardon our publishing these details from a letter to a friend, although he may not have suspected that it would fall into the copy-seeking clutches of a "Gazette" man.

The following letter from a doctor (evidently a direct descendant of Polonius of Denmark, so Shakespeare is mistaken when he records the death of Laertes) is lifted from the lightsome pages of the *St.*

George's Gazette, to whose Editor we offer our thanks for his courtesy. It contains much wisdom for the young dresser.

"MY DEAR BOY,

"I enclose a cheque for your fees for a course of six months' dressing. As I know that none are charged, I feel sure that you will spend the money with more pleasure and profit than would otherwise have been the case. Don't feel hurt if I offer you a little advice as to your behaviour in your new position. In the first place, remember that even your House-Surgeon has been a dresser once, and, having remembered it, at once try to forget it, or, at any rate, do not be tempted to remind him of the fact. It is his sacred prerogative to make you feel that your ignorance is quite exceptional, and he will probably know how to do so. Do not offer to pass a catheter or draw a tooth where he has failed. Failure on your part would expose you to ridicule, while success would not tend to sweeten your daily intercourse.

"Be courteous to your Surgeon, answer to any name by which he may call you, and do not volunteer suggestions during operations. You will hear his methods criticised with freedom, but refrain from doing so yourself during the first month. Till then he at least has the advantage of you in experience.

"In dealing with Sisters humility is always valuable, affability occasionally. But oh, my son! choose those occasions. Individual danger-signals experience only can teach you: but for your general guidance, beware when the stock of the ward is spread out on the tables, when an extra is being put up, when there are already three House-Surgeons in the ward, when diets are up, and your House-Surgeon has sent you instead of himself, and, most of all, when your ill-luck compels you to do a dressing in a medical ward.

"The nurses are your very good friends and helpers, but remember that when the Sister is away the Staff-Nurse is Sister, and be prepared. Be grateful to your patients. You are not doing this job for their benefit, but for your own. I shall be glad to hear how you are getting on.

"Your affectionate

"FATHER."

Sister Taylor, formerly Sister of Albert Ward, has returned from South Africa, and has been taking short temporary duty as Home Sister. Sister Taylor is now engaged in private nursing.

Sister Knowles, who is in the Queen Alexandra Military Nursing Service, has recently been Gazetted to the post of Sister in that Service.

Nurse Hepple has just been appointed to the Queen Alexandra Military Nursing Service.

We have received the following communication from the A.D.C. to the late Prince Henry of Bourbon, dated Mentone, May 5th:

"Nurse Swanson, during her six months' engagement with Sister Lucy in Mentone, had the honour of nursing His Royal Highness Prince Henry of Bourbon through his long and fatal illness. She gained the warm friendship of H.R.H. as well as that of the Princess Henry of Bourbon, Infanta of Portugal, by her conscientious care of her il ustrious patient.

De Hirsch has been provided with new cots, whose chief improvement seems to be that they are fitted with rubber buffers to keep them off the walls. They have also no shining brass work about them which must tend to brighten the hearts of the nursing staff, though it has the opposite effect on the appearance of the ward.

We hear as we go to press that eggs *is* eggs just now, and no mistake!

Reviews of Books.

THE BOOK OF PRESCRIPTIONS (Beasley). Rewritten by E. W. Lucas, F.I.C., F.C.S. 8th Edition. London: J. & A. Churchill. Pp. ix. and 366. 5s. net.

If any man unqualified or recently qualified has five shillings and has not this book, let him change the one for the other. It scarcely needs further notice, so well must it be known, and Dr. Latham's introduction by no means overstates the need for it. It is undoubtedly a great aid to an inexperienced prescriber, as the examples given are not only compatible but (we crave forgiveness) "elegant." The doses are given in both English and metric values. The only part of the book we regret is the alphabetical list of diseases and their remedies at the end. The chief therapeutic uses of each drug have already been separately indicated and we consider this summary to be altogether too cut and dried and somewhat outside the scope of the volume.

SURFACE ANATOMY. By T. G. Moorhead, M.D. (Dub.), M.R.C.P.I. London: Ballière, Tindall & Cox. Pp. viii. and 150. Illustrated. 4/6 net.

A quite excellent little work, well illustrated by photographs and diagrams, fluently and readably written. The man who, as the author insists in his preface, knows his deep anatomy will find this book a great help in his surface anatomy. This is a thoroughly good investment for anyone about to attack his Finals. We have found nothing in its matter to which we need take exception.

Vox Clamantis.

The fruit of patient planning
  Through long laborious years;
The future ever scanning
  With burning hopes and fears,
With labour unremitting
  We raised our Clarence wing,
A monument befitting
  The scion of a king.

But though our house be finished
  Yet all her sons must feel
With labour undiminished,
  They still must work her weal.
She lifts her voice appealing,
  Lest one of them forget
That o'er her halls of healing
  There hangs the cloud of debt.

Her sister of the City
  When *she* was late in need
On every side found pity
  Until her load was freed.
The Lady of the Borough
  Has asked her sons again
To show their duty thorough,
  She has not asked in vain.

'Tis true, they twain are older,
  But though she still be young
Shall our faint love wax colder
  For her from whom we sprung?
What though her years be tender,
  Shall we not love her best
And with our might defend her,
  Our Mother of the West?

Go westward from her dwelling
  And leave the town behind,
Fare north or southward, telling
  What other ye shall find
With arms so wide outstretchéd
  To welcome to her home
The poor and sick and wretchéd
  Whene'er they list to come.

Look now, and see her drooping
  Those empty wearied hands,
Her gracious shoulders stooping
  Weighed down with iron bands.
Let each who calls her mother
  Regard her well, and he,
Himself, and not some other
  Shall burn to set her free.

And if you cannot offer
  Your talent, sure your mite
Shall serve to swell the coffer
  And keep her honour bright.
And if your gift you'd double
  Then freely or by stealth
Plead ye your mother's trouble
  To men of larger wealth.

On you the burden chiefly
  Of setting forth her need,
Will ye not labour liefly
  By force of word and deed?
In country, town or village,
  In hamlet and in hall,
Your neighbours ye must pillage
  At Mary's urgent call!

Obituary.

ARTHUR STEPHEN HANSON, M.R.C.S., L.R.C.P.

It is with great regret that we record the death of Arthur Stephen Hanson. He was the younger son of the late Rev. Stephen Hanson, Rector of Weeting, Norfolk.

Entering at St. Mary's in 1884, he soon became known among his fellow-students as a keen hard-worker, and a man of fearless and independent character, honourable in everything he did and generous hearted to a degree. In 1889 he beame House Surgeon to Mr. Edmund Owen, and distinguished himself by his energy and his surgical aptitude.

He married Miss Cousins soon afterwards, and settled down at Titchfield, Hants., where he was most successful in private practice, and gained the friendship and respect of a large circle of patients. The practice rapidly increased through his untiring devotion to work, indeed for the last six years he had scarcely allowed himself a holiday, and was rarely seen at St. Mary's, except at the annual October dinners, to which he always looked forward as an opportunity of meeting old friends and fellow-students, who will be much grieved at his early death.

Some eight or ten years ago Mr. Hanson suffered from a severe attack of acute nephritis, and though he appeared to completely recover from this, his health was not the same afterwards, and in July, 1904, he was compelled to keep his bed for some weeks for cardiac trouble, and to go away for a time for a rest. He soon broke down again on resuming his work, and from November last till April 23rd he never left his bed. He was devotedly nursed throughout by Mrs. Hanson, and Dr. Cade, his partner, attended him. Also Dr. Routh, of Southsea, was most unremitting in his care of him. Dr. Sidney Phillips went down to see him several times, and Mr. Edmund Owen, to whom he was keenly attached, gave him much pleasure by going down to see him in the last few weeks of his illness.

Mr. Hanson leaves a widow and four young daughters, to whom we tender our respectful sympathy on their irreparable loss.

"The Leucocytosis in Pneumonia."

By EDWIN ASH, M.B., B.S.Lond.

Considering the importance of the Leucocyte-count in acute disease it is surprising that this simple calculation is comparatively so seldom attempted.

Particularly in acute Pneumonia is it found that the relative number of white corpuscles present can aid the clinician both in regard to diagnosis and prognosis, and the consideration of this factor in a series of cases shows that the information obtained by the hæmocytometer has considerable significance. In bringing forward some instances of this I do not claim to cite anything new, but wish to show that this application of knowledge gained in this field by many workers can be of great use to the practitioner. My results have been obtained by the Thoma-Zeiss Hæmocytometer, working with dilutions of 1 in 10 and 1 in 20 in Acetic Acid (1 per cent. aqueous solution).

In the first place the absence of Leucocytosis in acute Pneumonia is an event of great rarity. It is said to have been noted in certain very malignant cases by Osler and Cabot; but in the worst cases in which I have examined the blood there has always been some increase of white corpuscles.

So that one may, I think, assume that in cases of such virulence as those suggested, one would need no help either as to diagnosis or prognosis.

In a series of some twenty cases in which the blood was examined, the lowest maximum reached was 11,800 leucocytes per cubic millimeter.

In three cases a very large count was found, maximums of 69,100, 69,300, and 71,000 being recorded. The latter is a somewhat exceptional figure although 100,000 white corpuscles have been found per cubic millimeter by Laehr in a case of Pneumonia.

Between these limits a great variety of results is obtained and a very close connection is seen between paucity of leucocytes and severity of constitutional disturbance.

This is at once realised by a study of the following results: the slight Leucocytosis of 11,800 already mentioned occurred in the case of a strong middle-aged man who developed a very acute and rapidly spreading Pneumonia after an attack of Influenza. Here there was great constitutional disturbance; the patient became wildly delirious and died on the fifth day after the onset of the disease.

In another similar case, Pneumonia developed after an Influenzal attack in a man of fine physique, aged 31 years, and who appeared at the outset to be going to "resist" well. However on the third day only 10,500 white corpuscles were found to the cubic millimeter, and taking this into consideration with the extensive nature and rapid spread of the pneumonic process, a very grave prognosis was given, although at this time there was nothing in either the pyrexia (102°-104°) or the pulse-respiration ratio (112-32) to cause alarm.

The next night he became violently delirious; and it was evident that a condition of very intense toxæmia was present. A very poor maximum count of 14,500 was reached by the leucocytosis on the following day when he rapidly sank; there was a steady increase in the rates of the pulse and respiration, and the temperature rose in a few hours to a great height, 111° being recorded just before death.

In both these cases there was great severity of symptoms associated with poor response on the part of the leucocytes and in each death occurred.

In another rapidly fatal case, 16,600 represented the leucocytosis.

Contrasted with these we have the cases exhibiting maximum counts of 71,000 and 69,100. Both were strong men between thirty and forty years of age, and in each there was a remarkable absence of discomforting symptoms. These patients were quite unaware that they were passing through a serious illness, and after the crisis each rapidly became convalescent.

A. R., whose maximum count was 69,100, and J. M. with a maximum of 14,500 happened to be in hospital at the same time, and the contrast between them was noticeable enough to the passer-by—one quietly reading a newspaper, the other singing snatches of hymns, when not fighting his keeper—but to those aware of the blood-counts obtained, this contrast was fraught with very great interest.

The count of 69,300 was obtained in the case of a young girl with acute pneumonic consolidation of the middle lobe of the right lung, complicated with a very severe Bronchitis; and, moreover, her respiratory distress was so greatly added to by a large goître that her life was despaired of. However, as the blood-count showed she was capable of strongly resisting the infection, and a remarkable rally was made.

On reviewing this case it is seen that a much better guide was to be found in the blood examination than in the general and localising symptoms. In fact, opposite conclusions would have been reached by independent observations from these two standpoints.

Let us now consider the figures between these extremes.

In the average uncomplicated cases of varying severity, but with ultimate recovery, the leucocytosis ranges between 20,000 and 30,000 white corpuscles per cubic millimeter.

In a series of cases in which the disease ran its familiar course, the pyrexia terminating by crisis, the counts were:—

24,300	33,400
22,300	24,200
29,000	and
23,700	24,000

In four of these the systemic disturbance was great and associated with delirium.

The leucocytosis increases steadily during the first three or four days of the disease, then there is usually a sudden rise, a figure very little below the maximum, which is reached shortly before the crisis. A sudden fall occurs at the crisis (sometimes preceding the fall in temperature by a few hours), after which a gradual return to the normal of 7,000 to 9,000 per cubic millimeter occurs. When there has been a very high leucocytosis, the normal may not be reached until a week or more after the crisis. So that it is important to note the relation between the count and the day of the disease, so as, for example, not to over-estimate

the gravity of a case in which the leucocytosis on the third day is only about 15,000.

In none of the cases in which a leucocytosis if over 20,000 was established by the fifth or sixth day was the issue thereafter at all doubtful.

On making a different count the polymorphonuclear cells are usually found to form 85 per cent. to 95 per cent. of the total.

One case, that of a youth of poor physique, established a count of only 14,700 and yet recovered. But in this case the symptoms were very urgent, with delirium and failing pulse; indeed, it was only by means of actively stimulant measures that the crisis was safely passed.

Here accepting the evidence of the blood examination, a very doubtful prognosis was given, and I think quite rightly so, although the result was more fortunate than was expected. The patient's condition was in no way more indicative of the danger present than that of many cases with severity of symptoms and delirium, and apparently as bad if one judged only from these outward signs.

Should an empyema occur, it will be indicated by the persistence of a high leucocytosis after the crisis. And should it not be evacuated and the collection of pus become encysted, a great fall may occur in the count; but I have seen a leucocytosis of nearly 20,000 in such a case several weeks after the crisis, in which after a post-critical rise of temperature there had been a return to normal, and in which, moreover, an exploring needle had failed to find pus.

Subsequently the empyema was opened and drained.

So far I know of no way in which the leucocyte-count will positively show the occurrence of pus before the crisis.

To sum up the above results with regard to prognosis, it may be said that should a leucocytosis of over 40,000 be found in an uncomplicated case no apprehension need be felt as to an unsatisfactory ending.

On the other hand if the maximum count be under 20,000, the situation may be regarded as very serious.

Between 20,000 and 30.000 and without complications, a satisfactory termination may be looked for provided that the vis medicatrix naturæ is aided by careful medicinal treatment.

As regards the importance of the leucocyte-count in the diagnosis of Pneumonia, its chief value lies in the fact that neither Influenza, Typhoid Fever, nor Acute Pulmonary Tuberculosis produce an increase in the relative number of white cells. Moreover, the absence of Leucocytosis is almost positive proof that no pneumonic process is at work.

It may be said that argument from any number of cases less than one hundred must be inadequate. But this scarcely holds true for results which confirm and are supported by many previous investigations.

I merely wish to emphasize the fact that full advantage is not taken clinically of this important and very readily obtainable information.

The mounting of a specimen of blood can only take a few minutes, the counting of the corpuscles possibly ten minutes more. And for the present I think this is the readiest means of gauging "resistance" of a patient for those who cannot be familiar with the more delicate methods now being elaborated.

In conclusion, I hope that these few figures and the obvious help they have been to me in the conduct of cases of Pneumonia, may lead to a more general use of a simple method productive of all-important results.

The Meeting of Governors and Subscribers.

A special meeting of the Governors and Subscribers of St. Mary's Hospital was held on Tuesday evening, at the Hospital, to consider the steps to be taken to free the institution from its financial difficulties. Mr. H. A. Harben, J.P., L.C.C. (Chairman of the Board of Management), occupied the chair. There was a good attendance, including the Mayor of Paddington, the Rev. H. Russell Wakefield (Mayor of Marylebone), Major-General Shaw-Stewart, Col. Blair, Mr. H. P. Harris, L.C.C., Col. Bannerman, Mr. H. H. Kenyon, Mr. A. Urquhart, Col. W. C. Philpotts, Mr. H. J. Allcroft, Mr. R. H. Foa, Dr. Sidney Phillips, Mr. W. Austen Leigh, Dr. D. B. Lees, Dr. A. P. Luff, Mr. Warren Pugh, Mr. H. E. Juler, Mr. H. W. Page, Mr. Berkeley Portman, Dr. H. A. Caley, Dr. W. J. Harris, Mr. G. A. Bryon, Dr. William Hill, Mr. Thomas Ryan (Secretary), and many other Governors, subscribers, and friends of the hospital.

The Chairman, in opening the meeting, said that he imagined that the first idea which occurred to them on receiving the summons to attend this meeting and on reading the appeal made was that it was an extremely inopportune time at which to make it. The newspapers were full every day of appeals for charitable institutions, especially from London hospitals, all of which had the same sad tale to tell of deficient accommodation, deficient income, and the necessity for enlarging their resources. It might seem that a more convenient season could have been chosen to make this appeal for funds, but beggars could not be choosers. They had been obliged to come to them now. He went on to remark he thought that there was an impression abroad that Paddington and Marylebone did not stand in need of the same pecuniary assistance as hospitals situated in other parts of London. There were, however, three principal centres in the immediate neighbourhood of this hospital than which there were none poorer in the whole of London. The poor district in Marylebone was that extending from the Central Railway to Edgware Road (the Lisson Grove area), while in Paddington the poor district was that surrounding the Paddington Green and bounded by the Harrow Road. In Kensington, they had Notting Dale. All of these districts were as poor and as unfortunate in their conditions of life as any in London, and, unfortunately, those poor districts were becoming more crowded as the central parts of London were being improved. The continued making of new and magnificent thoroughfares led to the dishousing of people, who had to find houses to live in elsewhere. Those were the people St. Mary's Hospital

had to serve. If that was the case it might have been expected that the richer people in the district would have supported this hospital. But that was hardly the case. For example, the patients treated from Kensington in a year cost £4,450, and the annual subscriptions from that Borough amounted to £582. In the case of Marylebone the cost of the patients was £4,050, and the subscriptions were £428. That was that they got about 2s. for every patient treated, and that was hardly enough when they looked at the hospital as a means of relieving the sufferings of those who lived around them. On that ground alone, he thought they were entitled to support from the wealthy residents living in all those districts, who should feel it their duty to support the hospital which was in their midst treating their own poor. He would read a passage from an article in the "Times" on April 20th, which expressed that view very clearly, viz.: "It would, nevertheless, be a misfortune to hospitals generally, if their supporters were to lose the powerful stimulus of personal attachment to individual institutions or of peculiar interest, it matters not how arising in their prosperity." It was, he went on to say, most important that anyone who subscribes largely to hospital funds should attach himself to the particular hospital with which he has some peculiar interest, or being resident in the neighbourhood, or trading in it. In any case, a person should take an internal interest in some hospital or another. There were other considerations, besides mere local interest, why a large London hospital should be supported by the wealthy living in the neighbourhood. In conclusion, he appealed to them with some confidence that the debt on this hospital might be extinguished.

The Mayor of Paddington moved the following resolution:—"That this special meeting of Governors and subscribers of St. Mary's Hospital is of opinion that it is of the highest importance to the welfare of the hospital that the £60,000 required (1) for the completion of the work of enlargement and improvement which has now been in progress for upwards of twelve years, and (2) for releasing the General Maintenance Fund from debt, be obtained without trenching on the small invested capital of the hospital, which represents the accumulated savings of half a century; and that the annual income be increased to meet the enlarged expenditure entailed by the increased size of the hospital."

The speaker said that it was his conviction that the greatest feature of our national life was the deep and lively interest which was taken by all classes in the large number of charitable institutions throughout the land. And among those institutions there were none that stood on a higher basis than did the hospitals of this great Metropolis. When they looked around and saw the illness which existed in every quarter, especially among the poor who had nothing to fall back upon but the aid and assistance of the hospitals of this Metropolis, he felt that all should support them. He ventured to point out that St. Mary's Hospital not only served the poor of Paddington, but also the adjoining Borough of Marylebone and the Royal Borough of Kensington. The hospital even extended its protecting arm over those who lived along the lines of the railways that ran into our midst. He was sure that there was no one present that day who would for one moment desire that the benefits which this hospital conferred should be in any manner curtailed. That being the case he would venture to say that everyone ought to endeavour to remove the financial difficulties of the Governors responsible for the management of St. Mary's Hospital. Three persons recently deceased in the Borough were multi-millionaires. If, then, they had men of such wealth among them, it was surely not too much to expect that the sum of £60,000 might be now raised to meet the needs of this hospital. Now a debt of £20,000 had been incurred. In addition to that, the Governors had been obliged to have certain work done in connection with the internal arrangements of the hospital, involving an expenditure of £15,000. But the worst feature of the case, judging by the paper which he had had placed in his hands, was a deficiency in the General Maintenance Fund of something like £17,000. Something must be done to improve the financial condition of this hospital. Either new subscriptions must be obtained, or the usefulness of this hospital must be curtailed. The existing encumbrance he found amounted to a total of £45,000. He hoped that all interested in the welfare of this institution would do all they possibly could to render it unnecessary for the Governors to entrench on the Capital account. Now when he looked at St. Mary's Hospital, and the wealth of the three Boroughs it served, he did not think that there ought to be any difficulty in raising the £60,000 which was being asked for. He did not, however, think that such a sum could be raised by advertisements. It would be necessary for a house-to-house solicitation for subscriptions to be made by a large number of persons. He trusted the resolution would receive their hearty and unanimous support.

Mr. Herbert Page said that he had great pleasure in seconding the resolution which had been moved in such eloquent terms by the Mayor of Paddington. Speaking as the senior member of the Hospital Staff and on behalf of his colleagues, he could assure them that they felt the greatest possible interest in this endeavour to raise the proposed sum of money, and they hoped that it would be successful. There were two broad grounds why the required fund should be obtained. The first was that the hospital work should not be put an end to, and that the sick poor should continue to be attended to as in the past; and secondly there must be no stoppage of the endeavour to train in this institution both doctors and nurses who were a benefit to every section of the community.

Major-General Shaw-Stewart next spoke in support of the resolution which was carried unanimously.

The Mayor of Marylebone (Rev. H. Russell Wakefield) next moved:—"That this meeting approves the proposal of the Governors to invite the support of the residents in the districts served by the hospital by means of local committees of Governors and subscribers." In the course of his speech he said that he would earnestly strive to improve the hospital's position in Marylebone, where there were one or two hospitals not infrequently making appeals for support and in that way the extra hospital in Paddington was

forgotten. That was the only excuse he had to make for Marylebone's neglect of duty. It seemed to him that it was the special duty on the part of the rich to take a very keen interest in everything that had to do with medicine, because, if he were the Mayor of any, he was the Mayor of doctors, as the proportion of doctors living in his Borough was larger than in any other part of the known world. People ought not to forget that the training and skill which doctors possessed had been acquired within the walls of some great hospital, and, unless he was mistaken, they went on receiving fresh power and fresh knowledge through the great hospitals. There was, he said, no one, whether he suffered from illness himself or not, who did not owe a personal debt to some hospital in this great metropolis. If that was so, surely the merest self-interest would make them keen in supporting as far as possible the hospital in their neighbourhood. There were those who were placed in this world with a special privilege—a privilege, if he might say so, to assist those who were less blessed than themselves. Coming to the resolution, he said he was very glad to move it, because he had got a very strong belief indeed, that only by stirring up local interest and by having that local interest constantly stimulated, could they get this work properly done. He believed that there were many people living in Marylebone who did not know of the existence of this hospital. He could only say that many of those from his own parish had received at this hospital from the doctors and nurses tenderness and kindness, and for that they were deeply grateful. They wanted local interest stimulated, and to do that it was necessary to establish local committees. In conclusion, he promised to do all he could to bring the claims of the hospital before the people of Marylebone.

Mr. H. P. Harris briefly seconded the resolution, which was also carried unanimously.

The meeting then ended with a vote of thanks to the Chairman.

The Past Rugby Season.

As far as results go the season was most disappointing. The weakness of the backs in attack nullified much excellent work forward, where we were stronger than for some years. The outlook for next October is, however, quite promising. All the forwards with the exception of Bryden will be available, while Treherne should greatly strengthen the attack. Last season all the fixtures after Christmas were scratched (some for no obvious reason). This is simply courting disaster. Combination is essential fore and aft, and can only be obtained by every one making a point of not scratching, in January at any rate.

F. W. Quirk (*Full back*).—Much improved, especially in kicking. Still rather slow.

E. Treherne (*Three-quarter*). — Strong in attack. Should be very useful next season.

F. A. Juler (*Three-quarter*).—With few opportunities has picked up the three-quarter game rapidly. Uses his head, and is strong in defence.

W. R. Taylor (*Three-quarter*).—A sound centre who might do even better at half. Very safe hands. If a little stronger in defence would be a first-class back. His bursts are quite clever.

E. M. Anderson (*Three-quarter*).—Better forward than three-quarter. Plenty of pace and dash. Weak in giving and taking passes.

J. J. Louwrens (*Half-back*).—Still the mainstay of back division. His tackling might be imitated by the rest of the team.

E. J. L. Johnson (*Half-back*).—Plucky and saves well. Too light for Cup Ties.

C. T. Hawkins (*Forward*).—Our best forward. Knows the game well. Has done much to improve the packing.

J. Freeman (*Forward*).—Works as hard as ever in the scrum, and is much improved in the open. Should learn to get possession in the pack.

C. G. Galpin (*Forward*).—Uses all his weight, but lacks dash in the open. Excellent out of touch.

R. Bryden (*Forward*).—A great worker who will be much missed next season. Displayed great keenness in spite of a crocked knee.

C. M. Wilson (*Forward*).—If heavier would be a grand forward. Very fast. His following up is of great service to his side. Probably shape well behind. His tackling is very fine.

H. E. Fintaison (*Forward*).—A sound and energetic forward. Very useful in the scrum, but lacks cleverness in the open.

K. Lees (*Forward*).—Useful out of touch. Should improve with more experience.

T. Evans (*Forward*).—Very light but energetic. Clever with his feet.

Books Received for Review.

A SYSTEM OF CLINICAL MEDICINE. Vol. II.—Certain General Disorders, Diseases of the Skin and Nervous System. By Thomas D. Savill, M.D. (Lond.) London: J. A. Churchill. Pp. x. and 703—1147. With two coloured plates, 8/6 net.

THE HISTORICAL RELATIONS OF MEDICINE AND SURGERY. By T. Clifford Allbutt, M.A., M.D. London: Macmillan & Co. Pp. xvi. and 122.

ELEMENTARY MICROSCOPY. A Handbook for Beginners. By F. Shillington Scales, F.R.M.S. London: Ballière, Tindall & Cox. Pp. xii. and 180. Illustrated. 3/- net.

GOLDEN RULES OF MEDICAL PRACTICE. By Lewis Smith, M.D.Lond. No. iv. 6th edition. Bristol: John Wright & Co. 1/- net.

NOTICE TO CORRESPONDENTS.—*No anonymous communications can be inserted. All communications must therefore be accompanied by the name and address of the sender, not, however, necessarily of publication.*—ED.

Appointments.

BATLEY, A. Brook, L.R.C.P., M.R.C.S., Medical Officer to the Christchurch (Hants) Union Workhouse and Cottage Homes.

BOND, Francis T., M.D.Lond., M.R.C.S., F.R.S.Edin., Medical Officer of Health for the Tetbury Urban District Council, and Chippenham Urban District.

GARRETT, R. R., L.R.C.P., M.R.C.S., Junior Obstetric Officer to the Hospital.

SINGER, C. J., M.B.Oxon., L.R.C.P., M.R.C.S., Resident Obstetric Officer to the Hospital.

WALL, Vivian F., L.R.C.P., M.R.C.S., L.S.A., Honorary Anæsthetist to the Western Ophthalmic Hospital, Marylebone Road, W.

WELLS, J. H., M.B., B.S.Lond., L.R.C.P., M.R.C.S., House Physician to Dr. Phillips at St. Mary's.

Change of Address.

Barlet, Jehan M., L.R.C.P., M.R.C.S., 99, Shaftesbury Avenue, W.

Butterworth, Rupert, M.B., B.C.Camb., 6, The Crescent, Wisbech, Cambridge.

Field, G. P., 152, Harley Street, W.

Stevens, T. G., M.D., B.S.Lond., F.R.C.S., M.R.C.P., 8, Weymouth Street, W. (Telephone 3480 Gerrard.)

Tuck, Gnoh Lean, M.B., B.C.Camb., The Central Dispensary, Penang, Straits Settlements.

C. W. Buckley, M.D., 1, Hardwick Mount, Buxton. (Nat. Tel. 89).

ROYAL COLLEGE OF PHYSICIANS.

At a Comitia held on April 28th, the following Members were elected Fellows of the College, viz. :—

Wilfred Harris, M.D.Camb.
Leonard Rogers, M.D.Lond.

Pass Lists.

DURHAM UNIVERSITY

DEGREE OF M.D.

Oswin Shields, M.B., L.R.C.P., M.R.C.S.

F. W. Lewitt, L.R.C.P., M.R.C.S. (Practitioners).

DEGREE OF M.B.

Ernest Charles Young.

FIRST EXAMINATION.

Anatomy and Biology—F. H. Fawkes.

CONJOINT BOARD.

FINAL EXAMINATION.

Midwifery—G. P. C. Claridge, V. G. Johnson, G. E. Wood, J. E. M. Boyd, H. M. Inman, S. L. Brimblecombe, C. Speers.

Surgery—R. C. Bright, F. A. Juler, F. C. J. Baker, H. G. Rickman, U. Marks, W. Miles.

Medicine—C. T. Edmunds, V. G. J. Paul.

L.R.C.P., M.R.C.S.—R. C. Bright, F. A. Juler, W. Miles.

SOCIETY OF APOTHECARIES.

Medicine—W. S. Mitchell (Sects. I. and II.).

The Services.

ROYAL ARMY MEDICAL CORPS.

Captain J. H. R. Bond, L.R.C.P., M.R.C.S., has arrived home from India.

Captain H. O. Browne-Mason, L.R.C.P., M.R.C.S., has arrived home from India, and is stationed to the London District.

Lieutenant H. G. S. Webb, L.R.C.P., M.R.C.S., has been appointed to the Station Hospital, Upper Topa, India.

INDIAN MEDICAL SERVICE.

Promotion.

(Madras Establishment.)

Lieutenant H. H. G. Knapp, M.D., B.Ch.Oxon, to be Captain. (Dated January 29th, 1905.)

ROYAL NAVY MEDICAL SERVICE.

Surgeon S. H. Facey, L.R.C.P., M.R.C.S., has been appointed to H.M.S. *Albion*.

Staff-Surgeon B. F. Parish, L.S.A., has been appointed to H.M.S. *President*.

Staff-Surgeon H. S. Burniston, M.B., B.S Durh., has been appointed to H.M.S. *Vernon*. (May 2nd.)

Announcements.

MARRIAGES.

LOW—EDWARDS.—On April 29th, at St. Helen's Church, North Kensington, by the Rev. W. P. Whittington, Uncle to the Bridegroom, assisted by the Rev. F. J. Jomini, Vicar, and the Rev. E. Hounslow, Lieut. Nelson Low, R.A.M.C., L.R.C.P., M.R.C.S., eldest son of the late Robert Slater Low, of North Kensington, to Ellen Maud, second daughter of John William Edwards, of Oxford-gardens, North Kensington, and of the Middle Temple, Barrister-at-Law.

ALCOCK—SCOTT.—On the 29th April, at St. Margaret's Church, Westminster, by the Rev. Dr. Kingsmill, uncle of the bridegroom, Nathaniel Henry Alcock, M.D.(Dubl.), to Nora Lilian Lepard, daughter of the late Sir John Scott, K.C.M.G., D.C.L., etc., and of Lady Scott, of 17, Cowley Street, Westminster.

DEATH.

HANSON.—On April 23rd, at Titchfield, Hants, Arthur Stephen Hanson, L.R.C.P., M.R.C.S., youngest son of the late Stephen Hanson, rector, of Weeping, Norfolk.

Volunteer Corps.

W. L. Carwadin, Gent., has been gazetted Second Lieutenant 2nd Vol. Batt. The Duke of Cambridge's Own (Middlesex Regiment). Dated March 28th, 1905.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XI.—No. 6. **JUNE, 1905.** **Price 6d.**

A Good Move.

It is the privilege no less than the duty of a GAZETTE, such as ours, to afford all possible publicity to any event or proposal that makes for the greater good of its Hospital, and we have rarely taken more pleasure in this service than we do now in calling our readers' attention to the newly-formed Association, whose origin and constitution we fully report on another page. But lest any should shrink from the perusal of such an official looking statement, we earnestly beg they will wade through these lines even if they have never read an "Editorial" before (for we believe there are such people). The object of the Association in a word is this, to found the first endowed Child's Cot in the New Wing by efforts of Students of the Hospital; for this, an annual sum of £40, or a sum paid down of £500 is required; the money is to be raised by means of collecting cards in the hands of Students, who shall either guarantee £1 for a year, the membership being annually renewable, but no one being asked to bind himself for a longer period, or shall take up cards as Associates, giving no definite guarantee, but collecting what they can. There are a few slight privileges to be enjoyed by the Guarantors over the Associates which we need not particularize, as they are fully reported on a later page. The cards further are printed for a double collection, the one to obtain the single pound that redeems the guarantee, and the other for further sums which are to be put to a Permanent Endowment Fund, so that there will be no occasion for slackness in collecting after the first column is filled. We may say that the Cot will be an annual, *i.e.* year to year endowment and not a permanent foundation until the £500 are raised. We confidently expect this will take place, and we may even dare to take a sanguine peep into the future, and see a second Cot on the way to a similar benefit from Students of St. Mary's. However, that is as may be, and we are more directly concerned with the present. The scheme has had a good sound start, and is firmly on foot with a business-like organisation, which is of course of the first importance, and it entirely rests with the patriotism of Students of St. Mary's to make it a splendid success. The homes of our Students are spread over a large area of the map of England and Wales (if not the whole of the British Isles) and, in the Long Vacation these collecting cards should visit an area as large, and should find their way into many houses where the name and need of St. Mary's cannot now be known. It is not big sums that we expect will be exacted by this means, an occasional plum of that nature will be welcome enough of course, but men must not be afraid of angling for the humble shilling or half-crown. Already 80 guarantors have taken up cards, but we hope many more will do so, as it will be a most desirable thing to raise enough this year to see the annual £40 safe for a good two years ahead, by which time we hope the Association will have acquired a permanent footing in our midst.

The work is essentially one for present Students, and no attempt will be made to circularize past generations, many of their members will doubtless be helping the Hospital in other ways, such as for instance in that which a former resident proposes in our correspondence column; we may say, however, that already several "past" Students have applied for cards on their own initiative, and there is no limitation of membership to the "present." A man had surely better join in with the Association than not help his Hospital at all in this time of necessity.

We will conclude by again expressing our warmest sympathy with the movement, and commending it to the attention of all Mary's men. We venture on an absolutely favorable prognosis as regards its first object, the *permanent* foundation of one Cot, and possibly more to follow it. And the legend "The Students' Cot," that will be placed above it (which will be doubly welcome for the absence of the customary "In Memoriam") will always serve to remind future generations that their predecessors were ready to rally to the support of their Hospital in the hour of her bitterest trial, and should our successors allow the Association to perish, and should St. Mary's again fall upon hard times they will have a reminder of former loyalty to incite them in their day to go and do likewise.

Cheadle Testimonial Fund.

SECOND LIST OF SUBSCRIBERS.

Adam, C. D.	Mathew, G. Porter
Allen, C. W.	Miller, R. H.
Bays, J. T.	Moon, E. G.
Bendle, J. H.	Mould, G. E.
Bird, A. Hinckes	Norton, H. H.
Bisdee, A. J.	Osborne, R. S.
Butterworth, R.	Rogers, L.
Clayton Greene, W. H.	Sanders, A. W.
Field, Geo. P.	Sleman, R. R.
Freeman, J.	Smale, H.
Gow, W. J.	Spilsbury, B. H.
Graham, E. Naggiar	Tilly, A.
Hawker, G. P. D.	Tuck, G. L.
Hickley, A. M.	Vivian, R. F.
Kingdon, E. O.	Wells, J. H.
Lewitt, F. W.	Williams, W.
Lillington, C.	Wright, A. E.

Recent Work on Chloroform.*

After briefly sketching the history of the drug, and emphasising its importance as an aid to the art of healing, Dr. Alcock passed on to consider recent work on the pharmacology and dosage of the drug.

In the usual old-fashioned way of administering the drug, the patient himself is the index to the presence of a dangerous amount of the drug. Such a condition of affairs is open to grave objections when we consider how powerful a poison chloroform is; and often the presence of an excess of the drug is only seen when the patient is on the verge of death. The fact that there exists a large and increasing death-rate from chloroform alone renders any efforts to diminish it well worth undertaking. All observers are agreed that the major number of the deaths, whether due to respiratory or cardiac failure, are caused by the inhalation of the drug in too great an amount in a given time, and accordingly much attention has been devoted recently to an investigation of the following points:—

(i.) How to administer a constant known percentage of chloroform.

(ii.) How to estimate the percentage of chloroform in a given mixture.

(iii.) What percentage is to be used, and what are the limits for safety.

The delivery of vapours of constant concentrations can only be brought about by possessing the means of accurately measuring these concentrations.

Various methods have been devised. The following are the chief:—

(i.) The direct method. A flask of known capacity is weighed before and after vaporisation has taken place.

(ii.) The Vernon-Harcourt method. This is a chemical method, dependent on the decomposition of chloroform by means of an incandescent platinum wire, and subsequent estimation of the chlorides formed. This is a fairly accurate but lengthy and laborious method.

(iii.) The densimetric method of Waller and Geets. This is convenient and accurate. It depends on the difference in weight between a known volume of the mixture of chloroform and air and the same volume of pure air. Two bulbs of equal capacity are taken, one containing pure air and the other the mixture of chloroform and air which is to be estimated. The bulbs being previously counterpoised, the difference in weight is estimated. From this difference in weight the percentage of chloroform can be readily calculated.

(iv.) The tonometric method. This method has been lately introduced by B. J. Collingwood.

* *Abstract of an Address delivered before the S.M.H. Medical Society, by Dr. N. H. Alcock, on March 8th, 1905.*

It is specially adapted for the estimation of chloroform in expired air. The method depends on the following physical facts :—

(*a*) At a given temperature, chloroform will continue evaporating in a closed space until a certain definite percentage of chloroform is present. If a manometer be attached to the closed vessel the percentage present can be calculated from the increase in pressure disclosed.

(*b*) If a certain percentage of chloroform be present in the vessel before evaporation begins, then the percentage of chloroform evaporated will be lower than in the first case. And this diminution in percentage will be equal to the percentage originally present, and can be calculated from the difference in manometric reading.

This method, although at first glance a complicated one, is really a very quick and accurate method if the apparatus is at hand.

The methods of administering chloroform may be divided into two classes :—

(1) Those in which the patient during inspiration sucks air over the surface of chloroform in a bottle.

These methods are objectionable, since the vapour tends to become more concentrated as the respirations become more shallow. The most important of them are—

(i.) The Scotch method; (ii.) Snow's inhaler; (iii.) Skinner's mask :—this is the commonest method, although the concentration of vapour has been shown by analysis to vary considerably with the rapidity and depth of respiration. (iv.) The Vernon-Harcourt apparatus :—this has been much used, but it has shown that the percentage of chloroform given may be nearly doubled by merely shaking the bottle containing the drug. (v.) Levy's apparatus :—this possesses a compensatory mechanism to obviate the fault mentioned above.

(2) Those methods in which mixtures of chloroform and air are delivered independently of the patient's respirations—

(i). Junker's apparatus; (ii.) the Dubois pump: (iii.) Dr. Waller's wick-vaporiser. The method employed here will be understood when it is said that the apparatus consists of a lamp with a closed globe in which chloroform is substituted for oil. Air is pumped through the apparatus by bellows with a device for producing a constant stream. The concentration of vapour is regulated by raising or lowering the wicks. (iv.) Collingwood's apparatus. The method adopted in this apparatus consists in drawing air up an inclined tube, down which a fine stream of chloroform is constantly moving. There are a series of inlets along this tube which can be opened and closed at will. The amount of chloroform taken up by the air is regulated by opening one or other of these inlets. In this way the air is made to pass over a longer or shorter stream of chloroform. The air is sucked in by a pair of bellows provided with valves, which act alternately. The apparatus can be driven by hand, or preferably by motor. This is a very safe and accurate method of administering chloroform, and by it animals have been anæsthetised for as long as 6 hours without any interference.

Dr. Alcock then considered the bearing of these methods on the administration of chloroform for the purpose of producing anæsthesia for clinical purposes, and as deductions from the experiments of Waller, Collingwood and others the lecturer stated that 2—3 per cent. of chloroform vapour is amply sufficient for the purpose, and that provided this strength be not exceeded no sudden "accidents" need be apprehended. The lecturer further laid stress on the fact that unless the strength of the vapour were accurately *measured* it was sheer folly to give one's "opinions" as to the amount required.

When vapour of about 5 per cent. concentration is used the administration of chloroform becomes hazardous in the extreme, and any unforeseen circumstance may lead to the most disastrous consequences; and the lecturer illustrated this point by referring to cases of "sudden cardiac failure," where the strengths of the vapour have been measured, and where they amounted to 5·6 to 8 per cent.

The time taken to produce anæsthesia was then considered, and it was stated that with 2 per cent. chloroform vapour in men the process took about 10 minutes, with 2·5 per cent. about 8 minutes; and as it is unsafe to use a much higher percentage than this, it is unwise to attempt quick anæsthesia with chloroform alone.

As regards the exact processes occurring in the body, it is necessary to have recourse to the laboratory, and considerable light has been thrown on the action of anæsthetics by their influence on the electrical phenomena of isolated nerve. More especially is this the case in comparing the effects of one anæsthetic with another.

Chloroform destroys the local excitability of nerve, and in stronger doses destroys its power of conducting a nervous impulse, and abolishes the "negative" variation.

Dr. Waller has investigated the influence of chloroform on the electrotonic currents of nerve. Conflicting results were obtained, and the subject is still somewhat obscure.

Dr. Collingwood and the lecturer have lately investigated the action of anæsthetics on the current of injury of isolated nerve. They find that chloroform diminishes the current of injury, by the formation of free ions from the protoplasm of the nerve, and this method of research promises to afford considerable information on the mode of action of chloroform on the tissues of the body.

It has been supposed by many authorities that chloroform is decomposed in the body, and that the increase in the excretion of chlorides in the urine after chloroform anæsthesia is derived directly from the drug itself, but as the same electrical phenomena, both in direction and amount, are seen when the nerves are anæsthetised by ether, it seems probable that the ions are derived from the tissue and not from the anæsthetic.

Notes.

The Students' Cot has got to be a success, and is going to be a success. Quite praiseworthy keenness was shown at the meeting that started it, and the Association has found a Treasurer and two Secretaries who will push it for all it is worth. Everyone ought to be able to collect a pound for St. Mary's. Is it too much to hope that we may see that £500 raised within two years from Christmas?

By the way we hope men will note that the first collection will be due in December, *i.e.* the current Association year is only six months (to be Irish); this is obviously so as to get the Cot started as soon as the New Wing can possibly be.

We should not on the whole be surprised to see it started in the Old Wing!

We offer our congratulations to Sir William Broadbent on the honour recently paid him at the Medical Congress when he was created a Commander of the Legion of Honour of France.

The Hospital Dance which was held on the 24th May, at the Empress Rooms, was a success in every respect. The rooms were full, but not over-full. The supper was good and excellently served. The music was all that the most exigent could demand, and the enjoyment of the dancers was evident. We think that it may safely be said the dance was the best that has ever been held in connection with St. Mary's, and not the least gratifying feature from the point of view of the Hospital is the fact that a profit has resulted amounting to over two hundred and fourteen pounds which has been handed over to the Hospital funds. We must specially thank the ladies on whom the burden of the arrangements fell, and also those who made donations to the funds. Mr. Charles Heidsieck we wish specially to thank for his donation of three cases of champagne, a gift to the Hospital equivalent to over ten guineas.

We beg to remind those of our readers who have not yet sent in their subscriptions that the present season is the time to exercise that privilege, and we shall be very glad to hear from them.

The second list of subscribers to the Cheadle Testimonial appears in this number. Messrs. Warren Low or D. W. Carmalt-Jones, the Hon. Secs. will still be pleased to receive subscriptions.

We publish a word in season from the Secretary of the Cricket Club and trust that it will be well taken to heart. It will be seen that he attributes much of the lack of interest to the great difficulties with regard to practising with which our men have had to contend. However, we are glad to have a fair number of matches played, if not successes, to chronicle.

Now at last there is a chance of obtaining a Club ground at a reasonable rate, and most sincerely do we hope that if the Committee's representatives report favourably upon it they will secure it without any delay, or assuredly it will be snapped up by somebody else. We can say this about it at present; it is at Hanwell (*outside* the Institution), affords two football grounds, a good cricket ground, three or more tennis courts, and the use of a pavilion at a very moderate rent, hardly more than we have been paying for our precarious pitches of recent years. Furthermore, the Great Western Railway are prepared to allow our men a substantial reduction on railway fares to the ground. When we consider the distances other hospitals have to go to their grounds, it will be seen that we should not be so badly off with this.

We believe there is a question of the dryness of the ground, and once again we strongly urge that the matter be settled as soon as possibly may be. It is some years since the exalted hopes we had of a freehold ground of our own were shattered, and since that time our sports' therometer has fallen perilously near zero. We firmly believe that the acquisition of a permanent home will

help on with a rush that upward tendency we are glad to have recently observed in it.

As we go to press we hear that in the Cup Tie on the 13th inst. against Middlesex. at Acton, a most exciting game ended in a win for our opponents by the narrow margin of six runs, the scores being 154 and 148 respectfully. A full report will appears in our next issue.

We go to press too early to insert an account of the Sports which took place on the afternoon of the 16th inst. at the Paddington Recreation Ground. Our next issue will contain a report of the Meeting.

May we direct the attention of former residents to the very loyal suggestion of one of themselves for contributing to the Debt Fund, which appears in the Correspondence column. We beg to second his excellent suggestion.

At the recent final Fellowship examination, Graham, Killick, and Goldie obtained the coveted letters, and at the May M.B. B.S. examination at London University, Cope took honours in Surgery and Forensic Medicine with a place amongst the first eight, and Maynard Smith took honours in the B.S. examination. We offer our congratulations to all these men, and, especially our best wishes to Goldie, who is shortly starting for "furrin' parts."

The abstract of Dr. Alcock's paper on Chloroform Anæsthesia that we publish this month deals with a subject of enormous importance. We should like to say one word with regard to it. Is it too much to hope that Dr. Collingwood's apparatus, which has proved such a brilliant success in the physiological laboratory for anæsthetising animals with perfect safety, may be given a fair trial in the operating theatre of our own hospital?

We are glad to see Spilsbury back in his den and once more making the paraffin fly, but regret that his recent place at the London Fever Hospital has been filled by Finn, who has had the bad luck to get Scarlet right in the middle of his House-Appointment. We can only wish him as speedy a recovery from that most undesirable complaint as is possible and assure him of the sympathy of us all at St. Mary's.

We hear that this issue will find our one and only "Strutt" Nesfield back on his native shores, and right heartily do we welcome him. We fully expect that following the promise of his early youth he has at least done an appendicectomy on a dyspectic sentry, with a fruit-knife and a tooth-pick, when doing his round after mess one fine evening. Not the least of his good fortune in getting up to Thibet so soon after reaching India is the six weeks at home that his special expedition leave gives him.

A correspondent call our attention to the following paragraph from the "Morning Post."

"A little before midnight on Friday a brave rescue from drowning was effected by Surgeon T. H. Vickers, of the cruiser *Endymion*, gunnery ship at Sheerness. It appears that a petty officer named Davis had been taken off from Sheerness Pier to the *Endymion* in a dinghy belonging to a yacht in Sheerness Harbour, and was stepping from the little craft to the cruiser's ladder when the boat capsized, throwing him and also a boy who was in charge of it into the sea. The boy was being rapidly carried away by the tide when Dr. Vickers jumped overboard from the *Endymion* and saved him, the petty officer being picked up by a boat from the cruiser.

We are happy to say that T. H. Vickers is a Mary's man, and we hope his gallant act will receive the recognition it deserves.

Dr. Willcox has just started a practical course in Pathological Chemistry to suit the requirements of the London M.B., exam.; candidates for October are advised to join it at once if they have not already done so. The Fee is £1 11s. 6d.

We are asked to publish the following notice from the War Office:—

An Examination of candidates for not less than 40 Commissions in the Royal Army Medical Corps will be held on the 27th July next and the following days.

Applications to compete should be made to the

Secretary, War Office, 68, Victoria Street, London, S.W., not later than the 17th July, on which date the list will be closed.

Candidates who are over the regulated limit of age at the date of the Examination will be permitted to deduct from their actual age any period of service in the field after the 1st October, 1899, that they could reckon towards retired pay and gratuity if such deduction will bring them within the age limit.

The presence of candidates will be required in London from the 25th July.

We would remind intending candidates that the written part of the Examination consists of commentaries, and reports of cases examined, and that most of the Examination is entirely clinical and practical; it is in fact arranged to test the practical knowledge and experience of candidates, so the Wards and O.P.D. should have overwhelming preference over the Library in preparation for it. Would we could say as much of other and older examinations!

We hear a tale of woe from Casualty. A certain lady, who may be almost called the Genius of the Department, longed to possess one of those beautiful pictures that are given away for so many coupons from the "Bovril" bottles that she loves to dispense to her patients. And so with care and labour every bottle that came up for the use of the department had its label soaked off, dried, mangled and ironed (so we are told), all to add to the loyal picture gallery that already adorns the walls of No. 4. But alas and alack, after many weeks of this labour of love it is found that the real coupons are on the paper *wrapped round the bottles*, which are carefully removed by the merry Andrew (who dispenses the article), that *his* den may in due turn, blossom forth in pictorial splendour!

Och the spalpeen! (We don't *quite* know what this means, but it is used by the best authors, and we employ the term quite without prejudice as the lawyers say.)

WHAT IT MAY COME TO.

(A Forecast suggested by a Recent Regulation.)

Scene—Eminent Physician's Residence.
Time—2 a.m.

E. P. *enjoying the sleep of the just. Telephone bell heard off ringing violently. Five minutes of semi-comatose torture by* E. P. *At length he makes a supreme effort and rises to silence it.*

E. P. (*very annoyed, speaks into receiver*). Who are you, and what do you want?

VOICE. Please, sir, I'm H. P., at St. Mary's.

E. P. Yes, what's the matter?

VOICE (*placidly*). The marasmus baby you saw yesterday can't keep any milk down, but it's yelling with hunger and disturbing the whole ward—

E. P. (*interrupting*). What on earth—

VOICE (*still more placidly*). And Sister wants to know if you'd mind just stepping round and signing for an egg to make it some albumen water.

(*Tableau. E. P.'s remarks not further reported. Telephone Company loses a subscriber.*)

We have received a report of the "Sun" Insurance Company, which shows a most satisfactory balance sheet for the past year.

It is with deep regret that we record the recent death of Miss Anne Bullen, late Sister of Grafton Ward. The news is only recently to hand, and we hope to say something of her career in our next number.

The Annual Prize-giving will be held in the Library on Tuesday, the 27th inst. Sir John Gorst has kindly consented to give the prizes and it is hoped that there will be as good a muster as usual of students and their friends.

And it is also hoped that all the visitors will be able to attend the Evening Concert that the recently regenerated Musical Society will give in the same room on the evening of the same day. The Society deserves every encouragement, and if we may judge from the soul-stirring strains that may be heard issuing through the closed door of the club committee-room any day about lunch-time, we are going to have a really good evening.

The Admiralty Medical Department has written requesting us to refrain from addressing Gazettes intended for Naval Medical Officers to the Admiralty unless their whereabouts cannot otherwise be discovered. We shall, of course, comply with this request, but hope that if any Naval subscribers should in consequence receive their copies late, they will not attribute it to our negligence.

Students' Cot Association.

At a preliminary meeting of students, held on Monday, May 8th, it was decided to make an effort to form an Association of Students for the purpose of collecting annually a sufficient sum for the endowment of a Cot in the Children's Ward of the Clarence Wing, and of further endeavouring to raise sufficient for a permanent endowment. After discussion it was resolved to call a general meeting of students and to place the matter before them.

A general meeting of students was accordingly held in the Dean's Room, on May 15th, at 4 p.m., at which Mr. Matthews, the School Secretary, was asked to preside. The object of the summoning of the meeting was briefly explained by the Chairman, and it was unanimously agreed to found a Students' Cot Association. After the discussion of a scheme of association and the passing of sundry preliminary resolutions (which in their final form are set forth below), it was resolved "that a committee be appointed consisting of a Treasurer, a Senior and Junior Secretary, and four other members to be elected annually at a general meeting of the Association," and the meeting then proceeded to elect a committee, consisting of the following gentlemen :—

Hon. Treasurer...Mr. B. Matthews.
Hon. Secretaries Mr. C. Lillingston (*for the Hospital*).
Mr. J. H. Meers (*for the School*).
Committee.....Mr. J. B. Rous } (*for the*
Mr. A. G. Wells } *Hospital*).
Mr. H. H. B. Finlaison } (*for the*
Mr. C. G. Galpin } *School*).

It was then resolved : "That the Committee now appointed be asked to draw up a detailed scheme for the constitution of the Association and for the administration of its funds, and to submit such scheme for the approval of the whole body of members at a general meeting to be held shortly."

This took place on Wednesday, May 31st, at 5 p.m.: The following constitution was laid before the meeting, and, after discussion, accepted :—

1. That this Association be called the Students' Cot Association.

2. That the object of the Association be to raise (*a*) annually by means of collecting cards in the hands of Students of the Hospital a sum of £40 for the annual endowment of a cot in one of the children's wards of the Hospital, and further (*b*) a sum of £500 for the permanent endowment of such a cot.

3. That the Association consist of (*a*) Guarantors of £1 per annum each, (*b*) Associates who shall endeavour to collect for the Cot Fund without a definite guarantee of a certain annual sum. Further, that a guarantee shall be for one year only, and shall be renewable.

4. That the Guarantors shall have the privilege of nominating patients to occupy the cot, and shall elect the Officers and Committee annually.

5. That the general administration shall be in the hands of a Committee, consisting of an Hon. Treasurer, two Hon. Secretaries, representing the Hospital and chool, and four other members, of whom two shall represent the Hospital and two the School ; but that all matters affecting the disposition of funds shall be referred to a general meeting of the Association.

6. That there shall be an annual general meeting of Guarantors and Associates early in December, at which the audited accounts for the year shall be presented.

7. That no change in the constitution of the Association be made except by a meeting of Guarantors (10 to form a quorum) and after due notice has been posted in the Hospital.

After this constitution had been passed, a further resolution was carried : "That the guarantee for this year shall end on December 1st, so as to enable new cards to be issued for 1906 and a cot to be founded early in January."

The meeting then closed with a distribution of collecting cards ; at present 80 have been taken up.

St. Mary's Hospital Cricket Club.

Although this is too late a date to write what may be appropriately called the prospect of the season's cricket, yet it is now much easier to state the weak and strong points of the XI., since we have already been some six times in the field.

There have been some changes since last year. In Mitchell we have lost our best bowler and a reliable bat. Ollerhead has taken his place as captain. In batting we are stronger than last year, owing to the decided improvement of one or two individuals. We shall be stronger still in the latter part of the season, as A. R. Littlejohn and F. Wickham will both be able to play for us. In the bowling we are weak, very weak, and this is the chief reason of our lack of success up to the present.

As will be seen from the appended scores, we have generally made a respectable total, but have found ourselves unable to get rid of the other side—an awkward and fatal predicament. After the first over or so a lot of rubbish is sent down the wicket, and if the batsman survives the first few overs he may scan the boundary without any undue show of conceit.

Our practice wicket at Wormwood Scrubbs is not of the best, but it is certainly worth using, and good enough to encourage a great deal of improvement in the bowling side of our XI.

If men who pretend to bowl would only have the purposefulness to practise two nights in the week, making up their minds to send no loose ball into the net, we should soon have a different result in the ensuing matches, and stand a very good chance in the Cup Ties.

A more serious question arises from the fact that less and less interest is being taken in cricket among the students as a whole, and there must be a good local reason for this.

It cannot be that interest in cricket is less in the country at large. Certainly not. Never has enthusiasm reached so high a pitch, and never in the history of the game has keenness to play as well as to watch been so evident as in this year 1905.

Many men come from school willing and eager to

play, but find little or no inducement. There is no ground we can call our own, and not even a first-rate wicket to practise upon. A man is tried for the 1st XI. and found scarcely up to form. He is put down to make room for another slightly superior but of no better promise. As there is no chance of a match for him, and he cannot reasonably be expected to perspire at the practice-net with no prospect of a pleasurable field day, he thinks of tennis or golf perhaps, and pawns his bat, etc., for the accessories of these other forms of sport, resolved never to take up cricket again under such unfavourable conditions.

In the face of these adverse conditions, if all those men who put down their names as intending to play, and who are not yet good enough for the 1st XI., will turn up at Wormwood Scrubbs twice a week from now until the end of the term, it will be possible to arrange for 1906 a series of 2nd XI. matches, but not unless. The writer will undertake to go down twice a week and bowl at as many as are willing to be criticised. If we have a 2nd XI. in working order, our 1st will rapidly become more efficient in every department of the game. E. W. SQUIRE.

MATCHES.

S.M.H. C.C. *v.* MIDDLESEX COUNTY ASYLUM C.C.

On May 6th we played the Middlesex County Asylum. We were badly defeated, the whole of our side except J. J. Louwrens failing to make double figures, and blobs were abundant. For, 26; against, 180.

S.M.H. C.C. *v.* EALING C.C.

Played at Ealing on May 10th.

S. Field b Dangar	0	D. R. Dangar b Field	23
E.W. Squire kd wicket b Dangar	23	C. Barnes b Straton	7
J. J. Louwrens c and b Goodyer	28	A. E. Ross not out	47
H. S. Ollerhead c Goodyer b Dangar	22	Goodyer b Field	0
E.W. Archer b Dangar	7	E. Jowett b Field	79
S. R.Waugh b Durden	27	F. Corfield not out	25
P.V. Hayes b Durden	5	Byes, etc.	20
E. G. Treharne b Barnes	21		
H. L. Barker b Dangar	1		
F. C. H. Bennett b Barnes	17		
A. A. Straton not out	5		
Byes, etc.	8		
	184		201

We won the toss, and went in to bat. When Louwrens joined Squire runs came freely, and 55 was reached when the latter kicked his wicket. Ollerhead then looked like making a lot, but played forward to a shortish ball and was caught at mid off. Later Waugh batted conspicuously well, and Treharne helped materially to increase the score. When Ealing went in, Field and Straton opened with such success that three wickets were down for 34. We were obviously jubilant, but our jubilancy was premature. What with the decay of bowling and the horrid misses in the field, our score was passed just before 6, and only four of their wickets accounted for.

S.M.H. C.C. *v.* CANE HILL ASYLUM C.C.

Played at Cane Hill on May 13th.

E. W. Archer lbw b Sibley	23	c Austin b Roberts	8
A. H. Lowell b Sibley	2	c Wesson b Bartlett	22
J. J. Louwrens b Austin	19	Not out	62
H. S. Ollerhead b Austin	10	b Austin	18
S. R. Waugh b Sibley	15	st Lightly b Crawford	24
E. G. Treharne b Austin	0	b Sibley	33
F. C. H. Bennett c Lightly b Austin	0	c and b Roberts	4
A. F. Martyn not out	6		
H. L. Barker c Lightly b Austin	1		
A. A. Straton c Richard b Austin	0		
L. H. Stephens b Austin	2	Not out	18
Byes, etc.	4		8
	82		198

Cane Hill Asylum.

Rev. J. C. Crawford not out	69
F. Whelan st Lovell b Straton	9
W. Austin b Straton	0
Dr. Sibley c Treharne b Straton	9
H. Rick b Ollerhead	11
Dr. Roberts b Ollerhead	4
H. Lightly c Treharne b Straton	29
J. Richards c Ollerhead b Straton	3
T. Noake c Lovell b Straton	22
E. W. Bartlett c Bennett b Ollerhead	1
W. Wesson b Straton	13
Byes, etc.	18
	188

S.M.H. C.C. *v.* KENSINGTON PARK C.C.

Played at Wormwood Scrubbs on Saturday, May 20.

E. W. Squire b Wynne	7	H. J. Roberts st Lovell b Squire	55
H. L. Barker b Dilke	6	E. H. Seaton b Louwrens	53
J. J. Louwrens b Carter	21	E. R. Thompson ct Treharne b Louwrens	48
A. G. H. Lovell lbw b Nicholas	14	F. W. Dilke b Squire	15
H. S. Ollerhead ct Halford b Nicholas	84	H. C. Osborne lbw b Louwrens	10
E. W. Archer ct Nicholas b Dilke	13	M. A. Nicholas ct Stephens b Ollerhead	31
A. F. Martyn b Dilke	9	A. W. Browne ct Treharne b Louwrens	10
E. G. Treharne b Thompson	11	L. Carter, H.D.Nicholas (lbw b Ollerhead)	0
F. C. H. Bennett b Nicholas	4	F. L. Halford not out	28
A.A.Straton b Osborne	0	Byes	22
F. H. Stephens not out	2		
Byes	16		
Total	187	Total	272

We won the toss, and elected to bat. After hitting a four and a three, Squire was clean bowled. Barker with great care kept up his wicket, while Louwrens knocked up 21. Neither seemed to be quite at home. As the time wore on the sun and dry wind made the wicket easier. When three wickets were down for 50, Ollerhead went in, and batted at first cautiously, but soon began to hit freely all round the wicket. The bowling was frequently changed, but nothing came amiss, and supported by others he took the score from 50 to 185. Although he gave two easy chances, it was a first-rate display. For K. P. Seaton and Roberts batted with great power, against which our bowling was of little avail. Our score was passed ere five of their wickets were down, and having made 272 they declared for nine wickets. On our side Treharne fielded well, but had our fielding been only moderately good the match would have ended in our favour.

ST. MARY'S HOSPITAL *v.* CANE HILL ASYLUM.

Saturday, May 27, 1905.

F. W. Squire b Rick	20
A. G. H. Lovell c and b Crawford	11
J. J. Louwrens c Richards b Rick	8
H. S. Ollerhead b Crawford	16
E. W. Archer c Bartlett b Crawford	19
E. G. Treharne b Crawford	24
F. H. Stephens b Rick	5
F. C. H. Bennett b Rick	1
A. F. Martyn not out	6
A. A. Straton st Bartlett b Crawford	4
H. L. Barker b Rick	24
Byes, etc.	3
Total	141

Cane Hill Asylum.

Rev. J. C. Crawford b Louwrens	51
Dr. Roberts b Straton	0
H. Rick c Squire b Straton	26
P. Whelan lbw b Straton	6
Dr. Sibley c and b Louwrens	7
H. Lightly c Louwrens b Ollerhead	23
T. Noake c Louwrens b Bennett	73
W. Wesson b Squire	12
E. W. Bartlett c Louwrens b Bennett	11
W. Chappell c Louwrens b Bennett	3
J. Richards not out	0
Byes, etc.	7
Total	219

We won the toss, and went in to bat. From the first the bowling was of excellent quality, Crawford's being slow breaks, Rick's also breaking, but pretty fast, both being difficult to play. Squire played on at 20, and Lovell was soon dismissed by Crawford's making a difficult catch on the wicket, rolling over in the act. Runs seemed to come with difficulty, no one being able to hit the ball without giving a catch in some unexpected part of the field. Treharne and Barker batted well, and made a stand for some time. For Cane Hill Crawford batted splendidly, and gave no chance while piling up his valuable 51. On the other hand, Noake was missed several times. Our fielding was very bad, and was largely responsible for the loss of the match. One redeeming feature was the fielding of Louwrens, who secured no less than four catches in the deep. Afterwards Mr. Crawford very kindly invited six of our number to play for him against Whitgift School on Whit Monday.

S.M.H. C.C. 2ND XI. *v.* ST. THOMAS'S C.C. 2ND XI.

H. L. Barker ct Archer b Glasgow	4	R. L. Barwick ct Archer b Wickham	7
A. A. Straton b Hoare	0	F. M. Neild b Wickham	33
T. W. Harrison b Hoare	4	H. C. Devas not out	108
F. Wickham ct Cobb b Hoare	19	N. S. Hoare c Burdett b Wickham	11
E. G. Treharne b Barwick	36	F. B. Dalgleish ct Tyrrell b Harrison	18
E. W. Archer ct Barwick b Devas	10	G. T. Glasgow not out	4
J. N. Burdett b Hoare	4	Byes	13
A. F. C. Martyn b Hoare	14		
R. J. Wooster b Hoare	9		
T. A. Tyrrell not out	0		
P. V. Hayes b Glasgow	4		
Byes, etc.			
	116		195

St. Mary's Hospital Lawn Tennis Club.

It is rather to be deplored that the Club is not stronger than it is this season. Members there are in abundance, but their play in the great majority of cases leaves much to be desired. We have, however, been able to play off our matches this year, and that is a decided improvement.

A Tournament is now in progress consisting of a Singles Handicap and a Doubles Handicap.

ST. MARY'S *v.* ST. THOMAS' 2ND.

May 13th, at Chiswick Park. This match was lost by 3 points to 6. Score :—

L. H. Goh and V. Paul, won 2, lost 1.
H. H. Baker and C. H. Rothern, won 1, lost 2.
C. Redman and J. H. Clarke, won 0, lost 3.

ST. MARY'S *v.* BART'S 1ST.

May 17th, at Acton. This was even more disastrous than the previous one, and we were beaten by 2 points to 7. Score :—

L. H. Goh and V. Paul, won 1, lost 2.
F. H. Balthusar and C. Redman, won 1, lost 2.
H. H. Baker and C. H. Rothern, won 0, lost 3.

ST. MARY'S *v.* ST. THOMAS' 2ND.

June 3rd, at Acton. We ought to have won this match, as we were certainly not inferior to our opponents. Some of our men were off colour and we lost by the odd point. Score :—

L. H. Goh and F. H. Balthusar, won 2, lost 1.
H. H. Baker and C. H. Rothern, won 1, lost 2.
A. H. Thomas and F. W. Quirk, won 1, lost 2.

"The Shootists."

(*Specially communicated.*)

The term shootist refers to the Rifle Club, it implies the superlative, and is thus a good term. The team is getting along as well as could be expected, seeing that its natural food, in the form of new shooting men, is practically nil. All the same it managed to survive an extremely bad shooting day, and beat Bart.'s by a few points in second Armitage shoot. Of course, everyone ought to have done a bit better than he did, if he had his rights and it hadn't been for the wind or light or something else. I am told a real good shooting man, can always discourse for at least half-an-hour on any particular shot of his which did not happen to be a bull; it's part of the art, as in fishing.

The Club is at present rather like a man in training, no superfluous flesh, but so it was last year, when we only missed the Bisley Cup by a bull being put on the wrong target. Of course, there was some reason for that, only we have not found it out yet; perhaps the target moved.

The Club consists, actually, of our new President, Mr. Low, who has very kindly consented to fill the place of the late Mr. Silcock, and a total of eight active shooting members, one of whom has most inopportunely contracted measles; this gives a team of six, with one spare man. There are others, but they have not succeeded in borrowing the necessary 5s. 6d. yet, which is the cost for non-volunteers: 2s. return fare (1s. for volunteers), 1s. 6d. for target, 2s. for ammunition. It is not really very expensive, as men need not shoot every week if they can manage to "snap" at home, also on the days of the Armitage shoots, when the teams have gone back to the next range, the targets are free to anyone who can raise enough money for the fare and ammunition. So far most of the seven have been down to about five or six practices, added to which the first shoot for the Amitage Cup was on May 24th; this is shot for by any Hospital which can enter a team, there being four shoots for teams of six; at the end, the best three totals are chosen, and the largest sum total wins the Cup. There are only Bart.'s and ourselves in this year, though Guy's hold the Cup, in the first shoot Bart.'s scored 499, and Mary's 474, neither are good scores; the season is young.

Our team's scores are as follows:—

1st pair	C. Lillingstone ...	72.
	O. Heath	76.
2nd pair	A. Fleming	82.
	R. de V. King ...	71.
3rd pair	J. McIntye	86.
	J. Freeman (Capt.) ...	87.

The second shoot was on June 7th; a horrible day for shooting, hunting for the foresight in the dark was somewhat like looking for a half-stained microbe with someone between the light and the mirror; but still we managed to survive a few points better than Bart.'s, who scored 458, against our 464.

Our team's scores were as follows:—

1st pair	C. Lillingstone ...	74.
	O. Heath	73.
2nd pair	A. Fleming	70.
	R. de V. King ...	70.
3rd pair	J. McIntyre	88.
	J. Freeman (Capt.) ...	89.

During the season our team ought to put on another 40 or 50 to their total, and hope to do so in time for the third Armitage shoot, which will be on June 28th.

The fourth, and last shoot, will be on July 5th, the same day as the V.H.R.A. Prize Meeting, the two being run together for economy; at this meeting there will be a shoot through at 200 yards, 500 yards, and 600 yards, one sighter and seven shots at each, both handicap and open, with prizes for the best scores at each range and on the total; also ten shots at 900 yards, and quick-firing at 500 yards. There is also a very fine Cup, the Arnold Cup, to be won by some individual who makes the best score at something, I forget what, anyhow it is held for one year, to be kept if won three years in succession, or four years altogether, it is still unkept. All Hospital men who can shoot are invited, and all have an equal chance of paying their exes, as the handicaps are given on the average of their scores for the season, which same scores may be given into the secretary of the Mary's Club, O. Heath, any day up to the night before the meeting.

After this there is left the Bisley Cup, which is shot for at Bisley, on July 13th, ten shots at 500 yards. Our last year's bad luck has already been related, we hope for better this year.

Correspondence.

To the Editor of the GAZETTE.

Dear Sir,—If every past Resident of St. Mary's Hospital would contribute one guinea for each resident appointment he has held, a sum of (roughly speaking) £500 would be at once forthcoming—sufficient to endow a cot in the New Wing, to be called the "Residents' Cot." We cannot all do so much, but we can all do something. If any men have reason to be grateful to St. Mary's Hospital, they are those who have had the proud privilege of being Resident Medical Officers. Surely the sum of one guinea is but a small return for the benefits reaped from the experience gained in the tenure of a House appointment. I myself will gladly contribute my mite if the idea which I have suggested in this letter can be turned to practical account.

Trusting to see shortly that a special subscription list for a "Residents' Cot" has been opened in the columns of the GAZETTE,

I remain, Sir, yours faithfully,

"FOUR TIMES A RESIDENT."

May 22nd, 1905.

To the Editor of the GAZETTE.

Dear Sir,—I should be glad if you would insert the following suggestion in the next issue of the GAZETTE.

It has often struck me that it would be advantageous to old St. Mary's men like myself that a list should be kept of old St. Mary's men desirous of

finding resident patients. This list to be open to all the staff and other members, present or past, of the Hospital.

I believe that it would meet a want on both sides, namely, amongst those wishing to find a home for a patient and those wishing to receive one.

The accommodation offered should, of course, be mentioned; the class of case received; and the payment required.

Should this suggestion meet with approval, I am sure, Sir, that with your well-known patriotism you would be willing to undertake the slight labour involved in keeping the list; and if you saw fit to charge a small fee for the same, either towards the GAZETTE or the Hospital, nobody could grudge it. I should put my own name down amongst the first.

Trusting that the above may meet with general approval,

I am, yours faithfully,
A. R. SIEVEKING.

May 13th, 1905.

[We shall be willing to undertake this duty gra. tuitously, and shall be pleased to receive *full particulars* from any correspondents wishing to place or receive patients.—ED.]

FIFTH ANNUAL SOUTH AFRICAN CIVIL SURGEONS' DINNER.

To the Editor of the ST. MARY'S HOSPITAL GAZETTE.

Sir,—Through the medium of your Journal we should like to call attention to the above Dinner, which will take place on Tuesday, July 4th, 1905, at eight o'clock, at the Imperial Restaurant, Regent Street. Mr. W. Watson Cheyne, C.B., has kindly consented to take the chair. Reply cards will be sent to those whose addresses are available, and we hope that those who wish to attend will reply as soon as possible. The price of the dinner will be 10s. 6d. (exclusive of wine).

We are, Sir,
Yours faithfully,
FRANCIS E. FREMANTLE, } *Honorary*
C. GORDON WATSON, } *Secretaries.*
44, Welbeck Street, W.,
June 7th, 1905.

Reviews of Books.

LECTURES ON DISEASES OF THE STOMACH AND INTESTINES, for Practitioners and Students. By Boardman Reed, M.D. Bristol: John Wright & Co. pp. 1021. 21/- net.

The portly volume before us has a sub-title reminiscent of the title pages of a long bygone age with their wealth of expository detail. "With an account of their relations to other diseases, and of the most recent methods in diagnosis and treatment; also 'The Gastro-Intestinal Clinic.' in which all such diseases are separately considered." And the delightful archaic flavour of this announcement predisposes us to forget that the author is anything so modern as a "Professor of Diseases of the Gastro-Intestinal Tract, Hygiene and Climatology" in Temple College, Philadelphia; but alas, we find a rude awakening in the text, for we are straightway plunged into the century in which we "diagnosticate" recommend "mush" as a dietary for our patients, and worst of all write down the gullet as "Esophagus," a phonetic abomination which even throws "Diarrhea" into the shade. And our finer feelings find scant relief in such sentences as these "We physicians by our zeal in the cause of science and willingness to do certain kinds of work with little or no regard to a proper recompense cheapen our profession. . . . When therefore you have trained yourself to do first-class work . . . you should next train your patients to pay for it properly," which is perhaps all quite true, but *not* the counsel of perfection best befitting the dignity of a manual of scientific instruction. And we do not like the quotation of illustrative cases in which the patient has "had the best of medical advisers before, but had never been examined by a stomach specialist" (*i.e.* our author) the final result being complete recovery. Of course all this sort of thing may be well-accepted as professional good form in the country of its birth but we confess it jars on an English reviewer's nerves. And now we have had our grumble at the style we can say a good deal in praise of the matter of the work. The subject treated of is one of vast importance and one which the average student takes up in far too perfunctory a manner. He will find his mistake when he meets the neurotic lady with gastroptosis or has to arrange a diet that shall suit both a fastidious dyspeptic and his complaint. And speaking of dietary, the chapters devoted to that all-important subject are excellent, though again we must cavil at such recommendations as of "Bent & Co.'s or Educator Crackers." The chapters on physical diagnosis of gastric diseases are quite sound. We endorse the author's advocacy of mechanical therapeutics such as gymnastics in certain complaints, but would caution the reader from a too enthusiastic adoption of the more "new fangled" electrical methods, intragastric or high-tension. We cannot agree with massage as good treatment for Chronic Catarrhal Appendicitis, but with this exception the author's views on that debateable disease are sound and the *pros.* and *cons* of the early operation fairly stated. Constipation is efficiently dealt with, and we welcome the author's description of the spastic constipation of neurotic subjects, a most intractable condition that is too frequently misinterpreted.

The Diseases of the Rectun and Anus are efficiently treated by another author. We have no space for a more detailed notice of an ambitious book, in which we have discovered much good, no very dangerous doctrine, but as we have said before a style of writing with which we have little sympathy. The type is large and clear, and the illustrations quite adequate.

DENTAL SURGERY for Medical Practitioners and Students of Medicine. By A. W. Barrett, M.B. (Lond.), L.D.S. 4th Edition. H. R. Lewis. pp. xii. and 156. Price 3/6.

The fact that this little work has reached its fourth edition is good proof of its utility. It is an elementary

sketch of the common methods employed in dentistry with the indications for their use, clearly written and profusely illustrated, and is simply intended as a guide to the general practitioner or student. As the average medical student knows nothing about this branch and may some day wish that he did, he would be well advised to obtain this little volume, whose price is most moderate.

THE DIAGNOSIS AND TREATMENT OF COMMON DISEASES OF THE RECTUM AND ANUS. By Cecil Leaf, M.A., M.B. (Cantab.), F.R.C.S. London: E. H. Blakeley. Pp. 118.

SURGICAL CASE BOOK CHARTS FOR RECTAL DISEASE, by the same author.

This small book only claims to be an introduction to larger treatises on the subject, but treats fairly efficiently of piles, prolapse, fissure, fistula, puritus, abscess and cancer, and rather more thoroughly than does the average text book of general surgery. The teaching is all quite good, but we are not sure that the book was needed. The paper and printing leave something to be desired.

The case-charts are well planned but chiefly of use to the specialist in proctology.

THE NAKED-EYE ANATOMY OF THE HUMAN TEETH. Thomas E. Constant, L.R.C.P., L.D.S., M.R.C.S. Bristol: John Wright & Co. pp. 194.

Rather more is included in this book than would be anticipated from the title. The jaws with their muscles, the salivary glands and the vascular and nervous supply of the parts, are described in addition to the teeth themselves. The illustrations are very numerous, and many of them are excellent, while we see once more a few old friends from Gray's Anatomy. When in addition we meet the phrase, "it presents for examination five surfaces," it is quite like old times. The book should be very useful to the dental student.

Books Received for Review.

A MANUAL OF MIDWIFERY. By Henry Jellett, B.A., M.D., F.R.C.P.I., L.M.; with assistance. University Series. 9 plates and 467 illustrations. London: Ballière, Tindall & Cox. 21/- net.

Appointments.

CUNDELL, Harold J., L.R.C.P., M.R.C.S., Junior Assistant Medical Officer to the Three Counties Asylum, near Hitchin.

DRAPES, T. L., L.R.C.P., M.R.C.S., House Surgeon to Mr. Pepper.

JONES, H. Cadwaladar, L.D.S., Hon. Dental Surgeon to the Hanwell Cottage Hospital.

SHARPE, W. Salisbury, M.D.Durh., M.R.C.S., M.R.C.P., Clinical Assistant to the Chelsea Hospital for Women.

Change of Address.

Duncan, R. B., M.D., B.S.Durh., 3, Murillo Terrace, Lee High Road, Lewisham, S.E.

Lloyd, E. E., L.R.C.P., M.R.C.S., 61, Fairlop Road, Leytonstone, N.E.

Morrish, William J., M.D.Lond., L.R.C.P., M.R.C.S., "Westleigh," Thrale Road, Streatham Park, S.W.

Peach, W. F., L.R.C.P., M.R.C.S., L.D.S., 21, Percy Street, Liverpool.

Pass Lists.

UNIVERSITY OF LONDON.

M.B. AND B.S. EXAMINATION HONOURS.

V. Z. Cope, B.A. (Distinguished in Forensic Medicine, Hygiene and Surgery).

HONOURS.

B.S. Examination.

S. Maynard Smith, F.R.C.S.

SUPPLEMENTARY LIST.

M.B. and B.S. Examination.

Group II.

Surgery and Midwifery—G. P. C. Claridge, D. E. Finlay, H. Isaacs.

UNIVERSITY OF CAMBRIDGE.

DEGREE OF M.D.

Gnoh Lean Tuck, M.B., B.C.

DEGREE OF B.C.

W. R. Honeyburne, B.A.

THIRD EXAMINATION.

Part II.

Surgery, Midwifery, and Medicine—F. A. Juler, B.A., W. E. Paramore, B.A.

The Services.

Surgeon W. B. Maurice, L.R.C.P., M.R.C.S., has been promoted to the rank of Staff-Surgeon.

Surgeon H. E. Fryer, L.R.C.P., M.R.C.S., has been promoted to the rank of Staff-Surgeon.

Surgeon P. D. Ramsay, L.R.C.P., M.R.C.S., has been appointed to H.M.S. *Juno*.

Surgeon F. F. Lobb, L.R.C.P., M.R.C.S., has been appointed to H.M.S. *Albemarle*.

Volunteer Corps.

Charles Archibald Lees, L.R.C.P., M.R.C.S. (formerly Captain) to be Surgeon-Lieutenant in the 4th (Hunts) Volunteer Battalion, the Bedfordshire Regiment. Dated May 19.

Resident Patients Wanted.

Small Health Resort, N.E. Coast. Well appointed house. V. Burrow, M.D., B.S.Durh., L.R.C.P., M.R.C.S., Newbiggen-by-Sea, Northumberland.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XI.—No. 7. JULY, 1905. Price 6d.

Editorial.

The Secretary of the Cricket Club has very serious grounds for the complaint he makes in the present number. An eleven was chosen to play the Virginia Water Sanatorium C.C. Seven members of this team put in no appearance on the day of the match and sent no excuse, and the St. Mary's Hospital Cricket Club was placed in the discreditable position of being represented by four men and the umpire. What excuse could a Secretary offer under those circumstances? The attitude of the gentlemen concerned might have been more comprehensible, though not more excusable, if the cup-ties had been passed, but this match was arranged for the Saturday before the Cup-Tie against Middlesex. It might have been not only a most excellent practice game for the eleven in view of their match on the following Tuesday, but a most enjoyable day also. As it turned out the five men who did go had to bear unresponsive the reproaches of the opposing team while the true criminals were elsewhere.

It would be bad enough if the harm that is done by such slackness were restricted to the day, or even to the year in which it happened, but it affects future years as well. It is very improbable that a team which has been treated with such scant courtesy as the Virginia Water Sanatorium will make any engagement with St. Mary's for future years. Secretaries arrange their fixture cards with the idea of playing cricket, of providing the members of their XI.'s with good matches. They do not relish the notion of not only getting up their own side but also providing a team for their opponents, and they are not likely to be tempted to repeat the experience a second year. Our Hospital record in Athletics has been none too brilliant in recent years. In nearly every line a spirit of slackness has entered. There seems to be lacking that *esprit de corps* which often makes a team possessing no individually brilliant members more than a match for those whose paper strength is much greater. We do not believe the condition is more than one of neurasthemia, but we do not agree with these seven gentlemen in thinking the "rest cure" the remedy best adapted for this particular case. If the Secretaries of the various Athletic Clubs would only meet together in consultation over the sickly body of St. Mary's Sport we doubt not that their collective wisdom could devise some more efficient remedy. Meantime, we hear that one good move in the direction of providing a remedy has been made. While we cannot yet give definite details, we understand that probably before the present issue is in the hands of the readers a ground will have been procured for the use of the Hospital. The conditions are such that it will be freely available for Football in the winter, and in the summer, though the use may be somewhat more restricted, it will be better than anything we have hitherto enjoyed. The ground in question is within easy reach of the Hospital, and is already provided with a good pavilion.

Psilosis.*

By JOHN ANDERSON, C.I.E., M.D., F.R.C.P.,
Lecturer on Tropical Diseases at St. Mary's Hospital Medical School.

Gentlemen,

We will consider to-day an essentially tropical disease, viz.: that known as Sprue, or Tropical Diarrhœa, or Diarrhœa Alba, or, to adopt Dr. Thin's designation, Psilosis, which I think is the best.

Each of these names has its special significance in reference to the peculiar features of the malady:—Tropical, because it is limited exclusively to warm climates, Sprue (a Dutch word), refers to the aphthous condition of the mucous membrane of the digestive tract, Diarrhœa Alba because of the pale ex-bilious colour of the evacuations, and Psilosis owing to the denuded or bare condition of the mucous tract involved.

Psilosis is a chronic disease, the onset of which is most insidious. It is peculiar to tropical or sub-tropical climates, and is practically limited to adults. Its chief characteristics are:—a morning diarrhœa of copious, drab, soft, fermenting stools, which are followed by languor and prostration, a remitting soreness of the mouth and fauces, and, as the case proceeds, anæmia, which may become profound, and eventuate in general dropsy and death; these symptoms are accompained by a general atrophy, specially affecting the liver and intestinal tract.

The onset of the malady hardly attracts attention. Soon after the early morning cup of tea the patient experiences a sense of abdominal discomfort and pain, which it would be an exaggeration to call tormina, this is followed by copious evacuations of a drab, putty-like colour, and a very offensive odour. The patient then feels relieved, but is exhausted and languid out of all proportion to the apparant cause. After a little time the abdominal uneasiness passes off, some food is taken, possibly with the usual appetite, and the patient proceeds with his ordinary business, feeling practically well, and soon forgetting the event of the morning. This sort of thing goes on day after day, the condition varying more or less. As the day progresses improvement occurs, and in the afternoon the sufferer is apparent well again. As the disease advances the number of motions increase in number, and the feeling of prostration becomes more marked. The early stage of the disease generally lasts some months, and is more often than not lightly regarded by the patient, but as the disease developes the prostration lasts throughout the day instead of passing off by noon, as in the earlier stage. Friends notice the patient's loss of flesh, his sallow look, and spiritless condition. In a typical case the character and volume of the motions are a marked feature; they are always loose, and copious and either semi-fluid or pultaceous in consistency, while fermentation is generally present, and a very offensive odour is emitted. The patient is troubled with other symptoms during these stages of development, a prominent one being an intermittent soreness of the mouth, which is aggravated by hot food, condiments, and wine. The tongue at first coated with fur, soon presents bright red raw-looking patches on its surface, upon which painful, superficial ulcers form, and these often involve the buccal mucous membrane. The gullet is frequently similarly affected, making the act of deglutition extremely painful and the gums are prone to bleed. These conditions of the mouth and gullet are among the most distressing symptoms of the disease. Ulceration of the tongue is not a constant symptom, frequently it only loses its epithelium, looks red and raw, is furrowed, and denuded of papillae. The skin is dry, there is no fever, no epigastric or abdominal tenderness, but there is a persistent bubbling flatulence, which is accompanied by acid eructations. Anæmia and emaciation are conditions that rapidly become prominent, there is steadily increasing muscular weakness, and progressive mental depression. These conditions may last not only for months, but even for years, with intervals of mitigation, which depend largely on the treatment pursued.

When a case is doing badly the exhaustion becomes extreme, a febrile state may be developed, and from the time that the disease is well established distinct shrinking of the liver occurs. In fatal cases the anæmia and the emaciation become profound, the legs become œdematous, and death occurs from exhaustion, i.e., from starvation, for absorption has long being practically lost.

Psilosis is never epidemic, but there are localities in which it prevails. The damper hill climates of India yield a larger proportion of cases than climates of a similar altitude in drier air. It is a non-contagious affection, it has no connection with malaria, or alcohol, it is never a consequence of another disease, and its victims have, as a rule, been resident for a number of years in a tropical climate. Youth is practically exempt: it is essentially a disease of middle life.

The atrophy of the liver which is so marked a feature is, in favourable cases, sometimes recovered from. Vanderburg believes that the shrunken condition is maintained, even in favourable cases, but Fayrer holds the opposite opinion, and my own experience leads me to believe that at least some amount of restoration takes place.

The three conditions that are completely characteristic and diagnostic of Psilosis are (1) the shrunken liver, (2) the soreness of the mouth, and (3) the peculiar nature of the evacuation from the bowels. These are sufficient to distinguish Psilosis from all other diseases.

As to prognosis a large percentage are amenable to treatment, but it must be borne in mind that the disease is serious, intractable, prone to relapse, and that even mild cases will, if neglected, go from bad to worse, and lapse into a hopeless condition. Under no circumstances should the disease be lightly regarded and it must not be forgotten that its gravity increases with age. In a patient under forty, even though the disease be of long standing and far advanced, the prognosis may be favourable, but ten years later, a case of similar severity and duration is not nearly so hopeful. For a long time after recovery there is a marked liability to relapse, which is greatly increased by a premature return to the Tropics.

The morbid anatomy and pathology of Psilosis is

*A Lecture delivered at St. Mary's Hospital Medical School.

both scanty and unsatisfactory, and difficulty attends the procuring of it. Patients seldom die in hospitals, and change of climate being a necessary part of its treatment, the patient moves from place to place, and frequently dies in places far removed from expert pathological investigation. The post-mortem appearances are those of marked general anæmia and atrophy of the liver and intestinal tract, accompanied by extreme emaciation. The small intestine is found to be thin and diaphanous, but is often covered by a layer of mucoid material which is structureless which often leads the inexperienced to believe that the intestine is considerably thickened. This mucoid layer may be peeled off, leaving behind it the diaphanous wall of the bowel showing the arborescent vessels, and its true atrophied condition. The submucosa is often thickened, and contains an abundance of fibrous tissue. The coats of the blood-vessels are in a condition of sclerosis, and the liver is always shrunken and pale, but evidence of organic, structural disease is absent.

The etiology of Psilosis is unknown. All that can be said about it is that prolonged residence in the endemic areas is the most powerful known factor. All exhausting diseases, such as frequent child-bearing, long lactation, hæmorrhages, &c., predispose to the disease. Women suffer more frequently than men, and while middle age is most prone, it does exceptionally occur in childhood and old age. Bacteriology as yet has thrown little or no light upon this subject. The ordinary bacteria met with in the small intestine are present, but none predominate. Dr. Martin and Professor Macfadyen, in reporting upon the stools of a case of Sir Joseph Fayrer's, noted that the ordinary bacterium coli commune was present in numbers much below the average, and that a motile bacillus with flattened ends was prominently present. It grew well upon gelatine, where it produced large bubbles. These observers have not been able to connect amæboid organisms with any of the cases of Tropical Diarrhœa submitted to them for examination.

As far as is known no person has been known to suffer from Psilosis who has not lived for some time in a hot climate, but it is certain that those who have returned from such climates and have been for years in Europe may so suffer. I have recently seen a General Officer who has not been in any tropical country since 1880. Prior to that date he was five or six years in India, and always stationed in the Hills in the hot weather, being in the Plains only in the cold season. Twenty-two years after his return to England he suffered from an irregular form of diarrhœa that developed the typical symptoms of Psilosis. Another case that I saw some little time ago is a lady who lived for many years in India, and while there enjoyed good health. She returned home fifteen years ago, and during that time has resided in the South of England and the Channel Islands. After a time of trouble and anxiety she developed unmistakable symptoms of Psilosis, and was in a very serious state of health for some months, but eventually recovered. These two cases are worthy of note as being instances of the incidence of the disease very long after exposure to its cause.

The treatment of Psilosis is much more easily laid down than carried out. It may be summed up in three words—change, rest, diet. If the patient is in the East, he should be strenuously urged to return to a European climate as soon as he can. He will thereby greatly increase his chances of recovery. There are few diseases that more imperatively demand change from the climate wherein they originate. The prognosis of a case is entirely different in Asia and Europe. So far as local change is concerned, there is only one which is of the least benefit, I mean change from a station in the Hills, where the disease often originates, to the Plains, but this can only be regarded as a compromise, and is in no way comparable as to the result with change to Europe. Moreover, the patient should so arrange his affairs as to allow his stay in Europe to be prolonged, say two years, because of the great liability to relapse. This liability would be greatly increased by a premature return to the climate where the disease originated.

From the moment charge is taken of the case, whether at home or abroad, the most perfect rest must be insisted upon. I speak of physical rest, without which the necessary physiological rest is unobtainable. The patient should be confined to bed, and not until a considerable improvement has been obtained, and for some time maintained, should this condition be relaxed. Mental worry and anxiety must as far as possible be avoided, and care should be taken to maintain the warmth of the abdomen by wearing a flannel binder, which should be applied in a way that gives comfortable support.

The diet should be exclusively scalded milk (by scalded I mean milk that has been brought to the boiling point, and then at once removed from the fire); the quantity taken must depend upon the physical capabilities of the patient. From four to six, or even eight pints represent the minimum and maximum of physiological necessity, and this should be taken in small quantities, in sips, every few minutes. It is sometimes necessary to add a little lime-water to the milk, and if there is difficulty in taking the needed amount on account of its bulk, condensed milk may be added As a rule improvement results in a few days. The soreness and tenderness of the mouth improves, and, in favourable cases, altogether disappears in ten or twelve days. An improvement in the number and nature of the alvine evacuations soon follows; their consistence increases, and they gradually become formed and solid, losing all trace of fermentation. Constipation is apt to result after some weeks of an exclusive milk diet and absolute rest, and this may occasion a little difficulty, because great caution is needed in the use of laxatives. Glycerine enemata may be efficient in overcoming this difficulty, but if not, some simple saline, such as phosphate of soda, can be added to the milk without causing any irritation of the intestinal tract. No addition should be made to this purely milk diet until regularity of the bowels has been maintained for three or four weeks, and then arises the not very easy question as to what addition can be safely made. I have found that the white of an egg is a good beginning, and plasmon also may be added to the milk; these may be given

twice or three times in twenty-four hours. The patient craves for something to eat, he wants to masticate, and an arrowroot biscuit may be tried with caution. If all goes well he may have a lightly cooked egg, or a slice of stale bread may be soaked in water, strained and eaten with milk and sugar; this is an addition that will be greatly appreciated, and will add materially to the patient's strength. All this time, of course, the milk diet is being continued as the staple nourishment. The next step may be a little raw meat juice, or scraped meat on a thin slice of stale bread, then a slice of chicken, till eventually a thin slice of mutton and the simpler green vegetables may be given. As a rule it is wise to allow a week or ten days of satisfactory progress to elapse between each addition to the diet, and should any indication of relapse occur the exclusive milk diet must be at once resumed. As soon as the patient is able to take a little meat and vegetable the colour of the motions will improve, due to the presence in them of a larger quantity of bile, and about this time, in favourable cases, examination will probably show an increase in the size of the liver.

I must specially refer to the use of fruit in this disease, which is a form of food that I have repeatedly added to the milk even in extreme cases. Strawberries are of the greatest value, they almost seem to be a specific for the disease, and I cannot too strongly advise their use. For a very interesting account of a severe case of sprue, in which to all appearance the life of the patient was saved by the taking of strawberries, I refer you to page 873 of the "Lancet" of March 28th, 1903, by Dr. Edward Young. This was a case that I saw twice or three times in consultation, and was one of the most severe cases I ever saw which ended in recovery. In this case it was very clear that a strict milk diet failed. When the patient was kept on milk alone strength and vitality declined, the addition of soaked bread added to the strength, but caused a return of the diarrhœa, and when strawberries were added to the diet the motions entirely changed in character and decreased in number. The patient steadily gained in weight, and eventually completely recovered. I have repeatedly had similar experiences, but none in which the patient recovered from so severe a state of exhaustion and emaciation. The difficulty, of course, with regard to the use of this remedy is the fact that it is only obtainable at a certain time of the year. To meet this, Messrs. Squire & Son, of Oxford Street, at my suggestion, prepared a confection of strawberries, taking every precaution to retain the whole of the active principles of the fruit, but the results obtained from this confection were, I regret to say, unsatisfactory. It seems that it is only the fresh fruit that is efficient.

There are patients who cannot digest milk; fortunately they are exceptional, for such a case is distinctly at a grave disadvantage. For these patients raw meat juice, parched meat, essence of chicken, must be substituted, and possibly they may be tolerated if milk is not. Strawberries certainly should be given to these as to other cases.

Drugs are of very little use in Psilosis. At the commencement of treatment it is well to clear the alimentary canal by a dose of castor-oil, and in the event of constipation I have already referred to the use of mild laxatives and enemata. Flatulence is often a prominent symptom, which may be relieved by the use of sulpho-carbolate of sodium or salol. Dr. Crombie advocates small doses of Liquor Hydrarg. Perchlor twice or thrice daily, and I believe I have seen benefit result from this. Santonin in 5 gr. doses in a teaspoonful of olive-oil has been recommended by a physician who practised in Hong-Kong, but I cannot say that my experience of the remedy encouraged me to persevere in its use. Certain I am that medicines alone will not effect a cure. The only remedies that are reliable are those I have named—change, rest, milk, and strawberries.

The Musical Society.

The Musical Society may now claim to be firmly established by the most successful concert which it rendered on Thursday, June 29th. The Library was crowded almost to overflowing by an enthusiastic audience. It was extremely gratifying to see the fair sex so well represented, and so many members of the Staff present. The following was the programme:—

PART I.

Pianoforte Solo ... { Romance / Etude, 8 } ... *Theo. Stretton*
Dr. HYSLOP.

Song ... "Jan's Courtship" (Songs of the West) *Traditional*
Mr. H. S. OLLERHEAD.

Songs ... ... { "Chanson de Florian" ... *Godard* / "Ave Printemps" ... *Bouhy* }
Miss MOLLY DE MORGAN.

Song ... "The Yeoman's Wedding Song" ... *Poniatowski*
Mr. S. B. DEPREE.

Banjo Trio ... "The Mosquitos' Parade" *Howard Whitney*
Messrs. FRASER, HEATH, and LASCELLES.

Song ... ... "Poor Wand'ring One" ... *Sullivan*
Miss FLORENCE WOOSTER.

Song ... ... "Nothing in it" ... ... *Braham*
Mr. A. DIXON.

Song ... ... "Nirvanah" ... *Stephen Adams*
Mr. E. BALTHASAR.

INTERVAL OF 10 MINUTES.

PART II.

Pianoforte Solo "Consolations 1 and 5" ... ... *Liszt*
Mr. W. H. CHESTERS.

Song ... "O Wind of the Western Sea" *Noel Johnson*
Miss FLORENCE WOOSTER.

Song ... ... "Three for Jack" ... ... *Squire*
Mr. W. H. POWELL.

Song ... ... "London Bridge" ... *J. L. Molloy*
Mr. C. W. DE MORGAN.

Banjo Duet ... "Hot Stuff Patrol" ... *Vess Osman*
Messrs. HEATH and LASCELLES.

Duet ... ... "Maying" ... ... *Smith*
Miss FLORENCE WOOSTER and Mr. S. B. DEPREE.

Song ... "Widdicombe Fair" (Songs of the West) *Traditional*
Mr. H. S. OLLERHEAD.

Song ... ... "The Last Straw" ... ... *Braham*
Mr. A. DIXON.

GOD SAVE THE KING.

Miss Molly de Morgan and Miss Florence Wooster, who so kindly gave their assistance, both sang charmingly.

The proceedings concluded with a vote of thanks to the President (Dr. Hyslop), proposed by Dr. Caley, in a witty and appropriate speech, to which Dr. Hyslop responded in a similar vein.

Notes.

The congratulations and good wishes of many generations of St. Mary's students will go out to Dr. Caley on the occasion of his marriage, which is to take place on the 17th of August. We know that in wishing him all prosperity we are only voicing the feelings of all who are interested in St. Mary's Hospital.

The first list of subscriptions to the Appeal Fund amounts to £8,200. This has been quite recently supplemented by a legacy of £2,000.

We would most earnestly call the attention of all readers of the Gazette who have not yet subscribed to the memorial to Dr. Cheadle, that the list will be closed on the 31st day of the present month. There are only very few more days left and Mr. V. Warren Low is the Secretary and will be glad to acknowledge contributions.

At last we are able to record something more encouraging in the sports line. St. Mary's is once more the holder of an inter-hospital trophy, and though it is a one-man pot, yet it is quite big enough to fill one of those black and aching voids above Mr. Nanfan. We can exclaim with the ancient war-correspondent, "Arma virumque cano." Freeman is the man, and his rifle the arm, that if it were not so hot our local rhymester would have hymned. We take it that he will be content with our warmest prose congratulations on his prowess, as will also those other shootists who so signally helped to spoil the Egyptians on the same day, and of whose doings an account appears in another column.*

Another point on which we can touch with great satisfaction is the excellent form that has been displayed by E. D. Anderson in running. His achievements have been as follows:—In our own sports he won the 100-yards from scratch in 10⅘ secs., following very soon with the half-mile handicap which he won in the capital time of 2 mins. 6⅘ secs. Although he appeared quite run out after this race, an hour later saw him for the third time on the scratch line and another 57 seconds at the winning-post for the quarter, which thoroughly game trio deservedly won him the President's Silver Aggregate Cup. At Stamford Bridge, in the United Hospital Meeting, he competed in the same events; in the half-mile he had the worst of bad luck, running just behind Field, of London, for the last lap, but on spurting round the corner they collided, and our man fell about 120 yards from the tape; in spite of this he rose again and finished second only 8 yards behind. It almost certainly would have been Anderson's race but for this accident which unfortunately the judge did not see. Subsequently Anderson was selected for the U.H.A.C. against Dublin, and beat the other London men, including his late adversary, Field, in the half and quarter, running second to Morphy and Thrift, of Dublin, respectively. We confidently wish Anderson better luck next year away from home, for he fully deserves it.

There was unfortunately a bad misunderstanding about the date of the U.H. Meeting, and also a considerable muddle about the sending in of our entries. We do not attach any blame about this as our secretary was off the active list, but it is to be hoped in the future that a team shall be chosen methodically, and not just a handful of names sent in at hap-hazard. Also all men should have early notice of the date and time of their heats.

If men will only show more keenness in training next year we ought to be able to put in a decent team at Stamford Bridge; as it was Anderson was supported at the recent U.H. Meeting by Evans in the half, Galpin in the mile, and Barker in the long jump. Heath was entered for the 3 miles, but crocked his foot and could not start. Neagle had bad luck in missing his heats for the 100 and 220, owing to some mistake in the date. We should like to have recorded a yet larger turn out, and next July we fully expect to be able to do so.

* As we go to press we hear that the team won the U.H. Competition at Bisley, on July 13th, making 213 against Guy's 199 Bravo! Full particulars later.

We also sincerely hope that next year a good fortnight will separate our sports from the larger meeting, instead of a bare five days. The necessity of this for selection and training of men is obvious.

Our own Sports were quite good. The times compared favourably with recent years, and there was a fair turn-out for the various events, which, with the out-standing exception of Anderson, were pretty evenly distributed amongst their competitors. R. P. Crabbe, the Cambridge Blue, did a beautiful half-mile for the open event in the splendid time of 1 min. 59⅘ secs. The mile Cycling Race produced a capital finish, barely a wheel separating Meers from Gilbert, his runner-up. In the 2 miles Cycle Willis made the pace in great style, but Lawlor went ahead in the straight and won, with Gilbert second. There was a fair turn-out for the mile, but not a great result. The Tug-of-war was a lamentable procession for Louwren's lot. We must mention the great form displayed in the Porters' race.

With regard to the accidentals of the day they were as pleasant as we ever remember them, the sun, the L.R.B. band, and Mr. Pocock doing their duty nobly, and adding greatly to the enjoyment of the very large attendance of onlookers. The costumes, we feel sure, were all that the most fastidious reporter could desire, and the bouquet presented to Mrs. Luff. who kindly distributed the prizes, was no whit inferior to its predecessors. Lastly, but not leastly, on behalf of the Club we have to thank the members of the Staff for giving the different prizes, which in utility and appearance were well above the average, and especially Dr. Luff, not only for his handsome trophy, but still more for his lamentations over the past—(Ichabod! Ichabod!)—and exhortations for the future.

Alan Wells, the Club secretary, had very bad luck in being warded with a "semilunar cartilage" on the day of the sports. However, the offending wanderer has been removed, and we are glad to see that its late owner is making a rapid recovery.

The Cricket Cup Tie against Middlesex was an excellent match, which we report fully, but with it interest in the game seems to have entirely lapsed at St. Mary's.

There was, however, a team of nine to represent the same number of the Past at Henley. The day was as enjoyable as ever, and we have great pleasure in thanking Mr. Morton Smale again for his unvarying hospitality to the two teams on the Saturday before Regatta.

Our latest-born Society has publicly announced its appearance into the world by giving a most protracted and musical cry, an analysis of which appears on another page. We congratulate Mr. Brimblecombe and his committee on the success of their summer concert. and wish to thank Miss Molly De Morgan and Miss Florence Wooster for their kindness in helping to that end. Of our local talent Depree shone conspicuously, and Ollerhead's Songs of the West went down as they deserved. It was a treat to see Dr. Hyslop at the more serious part of his Alienistic work, and we must specially allude to the Dean's neat and witty speech at the end of the evening.

We publish a short obituary of the late Sister Bullen to whose death we referred in our last issue. We also have the sad task of recording the deaths of two old St. Mary's men; Cyril Murray, entered here in 1891 and qualified in 1896, and his early death at the age of 31 will be deeply regretted by all who knew him.

George Spear was an older member of the hospital, he entered in 1881 and qualified in 1887. He was one of the students who held the office of Treasurer of the Library under Dr. Luff's Secretaryship. He was for some years in partnership with Dr. Quinton Brown of Wandsworth. We offer our respectful sympathies to the relatives of these two sons of St. Mary's.

We heartily congratulate Dr. Collingwood on having secured the Rogers prize of £100 by his essay on "Anæsthetics, their Physiological and Clinical Aspect." Anybody who knows what splendid work Dr. Collingwood has done on the subject will know that for once he has borne off the palm who deserved it.

The Students' Cot has had a good start, and we hear already of one haul of £10 by a lucky guarantor. We are also very glad to publish a letter supporting the patriotic proposal made by "Four Times a Resident" in our last issue.

Dr. J. O. Symes, of Bristol, has been appointed Physician to Clifton College.

An Indian correspondent sends us the following tit-bit:—In an examination in pathology, in the final of the Calcutta University, one of the babus, after describing the transmission of the infection of malaria by the female mosquito only, added, "Thus we see that in the lower as well as in the higher forms of animal life the female is ever the bane of the male's existence." The examiner attributed this statement to the lecturer on pathology being a bachelor, but the pathologist retorted that it must have been an attempt on the part of the student to enlist the sympathies of the examiner, who was a very recently married man.

This year's annual visit of medical men and students to French Health Resorts will comprise the most important stations in the Western Pyrenees. It will start from Luchon on Friday, September 1st, and terminate at Arcachon on Thursday, September 14th. The price to be paid, which includes everything between these two places, is £12. There are no extras of any kind. We can confidently recommend this trip as a very excellent holiday. Dr. Leonard Williams, 8, York Street, Portman Square, W., will receive names and subscriptions.

We make no apology for our late appearance this month; it is not due to slackness but to the July privilege of finishing up the Session as we do not appear again until October. This benevolent arrangement gives those readers who have not yet paid their subscriptions plenty of time to do so. Last year the office-boy who was keeping the place warm for the present one finished up with a beautiful little lay by Mr. Du Maurier about

> "A little work— a little play
> To keep us going—and so good day,"

which was very pretty and appropriate; however he had the bad taste to jeer at the present incumbent for not being able to think of anything as *apropos*, (at least he'd have said that if he could talk French). This has so rankled, that the Editor being round the corner cleaning his golf-clubs, the said office-boy has produced the following. As he rarely writes anything except cracker mottos perhaps our readers will excuse him.

> The session ends, and so—for now—
> To all our friends we make our bow.
> You in this place detained by duty,
> May each new case turn out a beauty.
> You, going down to seek your pleasure,
> And leaving town for welcome leisure.
> May you take runs off every ball,
> Before your guns each bunny fall.
> May all your fish exceed in size
> Your wildest wish or tallest lies.
> O may you never bunkered be,
> In your endeavour from the tee.*
> And you, G. P's. your well earned rest
> Enjoy in ease and be you blest
> With *Locum* wise and free from schism
> Who won't incise an aneurism.
> Or else aspire (his nerves all jangled)
> To tap your squire with rupture strangled!
> And all who seek a *Locum's* post
> May you each week five guineas boast!
> For all our readers we stand in short
> As special pleaders in Fortune's court.
> Through all the glowing autumn days
> Good luck be flowing about your ways.
> Good play and wealth of sport, good friends
> Good store of health when autumn ends.
> When pale and sad the weary sun—
> His splendid mad wild courses run,
> His fiery teams all tamed and sober—
> Sheds watery beams in chill October,
> His radiance fine concealed from sight,
> Again will shine our little light.

* This being penned in the absence of Mr. McEditor, the O-B hopes that any solecism will be covered by his poetic license.

The Annual Prizegiving.

The Annual distribution of prizes and certificates was made on the afternoon of June 29th, in the Library by Sir John Gorst, K.C., M.P., Mr. Herbert Page presided and he was supported by a large number of the Hospital and School Staff, and other friends of the Hospital. There was a large attendance, especially of ladies. The Chairman opened the proceedings by calling on the Dean Dr. Caley to read his report.

THE DEAN'S REPORT.

Dr. Caley mentioned that the number of students was well maintained and that the examination results for the year were satisfactory—27 students had received the diplomas of M.R.C.S., and L.R.C.P., 9 the degree of M.D., and 16 the degree of M.B., at one or other of the Universities, while four gentlemen had obtained the F.R.C.S. Honours at the University of London had been obtained by 7 students—one of whom, Mr. C. A. Pannett, had gained the University Scholarship in Physiology and was bracketed equal for the Scholarship in Anatomy. During the year the proposed concentration of the Early and Intermediate medical studies had again been under consideration. Whilst desirous of co-operating with the Senate of the University of London in any scheme clearly for the advancement of medical education in the Metropolis the authorities had decided to maintain the several departments of these studies so that the Medical School would continue to provide complete courses for the Preliminary Scientific and Intermediate M.B. under recognised teachers of the University. In conclusion, the Dean referred to the urgency of the appeal for £60,000 which the hospital authorities had made. This sum was requisite to enable the Board to open the new wing for the reception of patients, to complete the scheme for much needed alterations in the older portions of the hospital, and to clear off existing liabilities. Already upwards of £7,000 had been received (including £5,000 from Mrs. Wharrie and £500 from Mr. H. A. Harben, the Chairman of the Board) and they looked for a further response commensurate with the needs of the principal General Hospital for the West and North-West District of the Metropolis.

THE ADDRESS.

Sir John Gorst then presented the certificates, after which he said he was sure he was but expressing the feelings of all present when he congratulated the young gentlemen who had received those certificates, upon the progress they had made in preparing for the noble profession to which they intended devoting themselves, and also in wishing them success in their future studies. (Applause.) The medical profession would probably in the lifetime of some of those who had received those rewards, assume a greater and important position in the world than even it occupied at the present time, because all civilized nations were awakening to the fact that on the health, well-being, and vigour of their people, depended their own existence and prosperity—(hear, hear)—and there was no material interest possessed by a country which was greater than those. In this awakening of the public sense, the leaders of the medical profession had taken, and were taking, a very prominent part, but he did not believe that all the wisdom and eloquence of the wisest people in the world would produce any real reform in the health of the people, unless it was backed up by a strong and wide-spread public opinion. It was upon the opinion of the people themselves that they had ultimately to depend for the force with which reforms could be carried out. There was now an indication that outside the medical profession, the people at large were beginning to take those views about health which had long been held by the more expert and learned members of Society. In England they ought not to have very much difficulty in carrying out great reforms, for their Public Health Act was a perfect mine of powers, which had only to be put into execution by local authorities to produce a very much better state of things than existed at the present day. Under this Act a very great deal had been done, as was shown by the diminishing death rate, as well as other proofs, but there still remains much to be accomplished. If they dug into the Act they would find all kinds of powers and provisions which could be put into force if only those who administered local affairs would do it. The obstacles to progress had been mainly of two kinds. In the first place, the richer members of Society had not hitherto fully realised the extent to which their own well-being and the health of their children were dependent upon the conditions of the poor. He supposed there was very little doubt but that nearly all the infectious diseases started with the neglected children of the poor, and often spread until they became an epidemic, and seized upon the children of the rich, many parents losing children from diseases which might have been prevented if more energetic measures had been taken to stamp them out in their initial stages. (Hear, hear.) The people were now beginning to have a strong desire for the extermination of disease, and there was a willingness amongst the rich to incur the expense which was necessary for that purpose. There was another terrible scourge which affected almost every family in the country—phthisis—which many medical authorities asserted could be stamped out altogether if the health of the poor and their children were adequately and properly looked after. The other obstacle to reform was the apathy of the poor. The poorer classes, who had to spend most of their lives in the struggle against poverty and hunger—which often defeated them in the end—had no time to think of anything but their living from day to day, and it was only in recent times, since they became more intelligent and took an interest in their affairs, that they had begun to realise how enormously their own health and that of their children could be affected by the local authorities (Hear, hear). One other obstacle was the wholly inadequate number of medical officers, and those now appointed occupied their posts more as servants of the authorities, instead of having a great amount of independent power and responsibility. (Applause.) He was very much struck by the extraordinary care that was taken of the health of the residents of Germany. In the first place, all the hospitals were under the public authority, and maintained out of public

funds. (Hear, hear.) They began at the beginning, and had special institutions for babies, and he saw one which contained 130 infants. Every child was examined before going to a public school, and once a month there was a further official medical examination of any scholars whom the teachers considered ailing. Then, each year every child passed under medical supervision, and their condition was officially recorded. There was not the slightest reason to prevent their own local authorities doing exactly the same thing, and he did not see why, with all their riches and skill, they could not make the country a model in the attention they paid to the sick. (Applause.)

Dr. Lees (senior physician) proposed a vote of thanks to Sir John Gorst.

Dr. Handfield-Jones seconded, and it was carried with acclamation, Sir John briefly acknowledging it.

On the motion of Dr. Alcock a hearty vote of thanks was accorded to the Chairman for presiding.

Tea and coffee was afterwards served to the visitors in the Board Room, after which the Wards in both old and new Wings were thrown open to their inspection.

Obituary.

SISTER ANNE BULLEN.

Miss Anne Mary Bullen, the notice of whose death reached us just as we were going to press last month, was, in comparatively recent years, a noted member of St. Mary's Nursing Staff.

Sister Bullen began her nursing career in the Samaritan Hospital, Nottingham, where she worked for two years with great acceptance She then trained in Midwifery at Queen Charlotte's Hospital, where her work was equally appreciated.

In 1896 she entered St. Mary's for training, and after a varied experience, was, early in 1900, appointed to the charge of Grafton and Crawshay Wards. In this responsible post Sister Bullen's admirable work is still fresh in the memory of many of us, her activity, her interest in the smallest details, her never failing good humour, and the general excellence of her whole administraton rendered her alike successful as a Sister, and popular among her fellow workers. The children were always at their best and happiest with Sister Bullen, for she loved and understood them.

On more than one occasion the Senior Surgeon, who was also connected with one of the Children's Hospitals, spoke in the warmest terms of the admirable order in which she kept Crawshay Ward.

In the autumn of 1902, Sister Bullen's health failed, and, after a severe illness, she resigned her position and returned to her home, where she remained till she was called away on Saturday, 10th June.

To the last she retained a keen and affectionate interest in everything connected with St. Mary's, which she had regarded as her home for so many years.

An Impression of Paris Surgery.

It is always interesting to travel in the search of knowledge, to visit the countries of other men and learn their methods; above all is it interesting and valuable to pass a few weeks in wholesome study of the practice of surgery in the great Paris hospitals.

It was in this sister city that the work of Pasteur was undertaken, fruitful in its benefits to humanity, and here at the present time there are many worthy followers in his footsteps working at the Institute which bears his name.

The names of French, and especially of Paris, surgeons are sufficiently familiar to us all. Much of the progress made in the science has depended on their initial efforts, and no student who has completed his anatomy, or more especially his dressing, is without knowledge of such names as Dupuytren, Broca, Farabœuf, Velpeau, Bigelow and many others.

It has been truly said that the French have initiated almost every great step in scientific progress, though they have often allowed others to complete the work and reap its benefits. I was talking to an American Engineer the other day, and he told me that in this department the vast majority of inventions and improvements came from the French.

This statement would be equally true in respect to Surgery, for in almost every branch we find that French ability has influenced our treatment, and it would scarcely be an exaggeration to say that in a text-book of Surgery and in an instrument catalogue there are nearly as many French as English names.

The system on which the Parisian hospitals are managed has been so thoroughly explained in the "Lancet" since the recent visit of the English surgeons to Paris, that there is no need to proceed with an elaborate explanation. It is sufficient to say that all the hospitals are subject to a Central Board of Municipal Control, and that there is no scope whatever for individuality except in the technique of the visiting surgeon.

All materials, ligatures, lotions and dressings are issued from the main establishment, just as in a London hospital they are issued from the Medical Superintendent of or from the dispensary.

THE HOSPITAL BUILDINGS.

These are scattered widely over the city, and are more or less similar in appearance. The first thing that strikes the visitor is a feeling of great disappointment at their exterior.

They are wretched buildings to look at, giving the impression of instability, buildings which seem to be tumbling to pieces, a condition which in many is actually taking place. The architecture is dull, the appointments of the passages and staircases meagre in the extreme. The colour is a sombre grey, relieved by streaks of white paint on the window-frames.

There is no magnificence. There are no stately boardrooms and well-appointed passages, no marble pillars or ornamental stonework—everything is plain. The one touch of brightness and colour is Nature's

effort, the central flower-beds and grass-plots surrounded by the four great sides of the building, for they are nearly all built after the type of a Cambridge College.

There are as a rule only three stories, and the ground floor is usually devoted to the practice of surgery.

The Frenchman begins his work early, he leaves off early, and he does it, as far as I can gather, on an empty stomach.

At 9 a.m., after the frugal petit déjeuner, the surgeons reach the hospital. There is a large staff attached to each department. The "Consultations," the out-patient department, is in charge of a senior (assistant surgeon) and numerous assistants. Out-patients last till about 10--10.30, the rules with regard to admission and treatment being much the same as they are with us, only there is absolutely no restriction as far as the public is concerned.

The out-patient work is rushed. There is a vast amount to do, and only a short time in which to do it, so that, as far as I could gather, it is a process of sorting more than anything else.

The Senior Surgeon—*Chef de Clinique*—is met by his interne and begins his tour of the wards. Everyone wears the same costume. This consists of a plain, in the case of the nurses one might add very plain, brown holland overall, fitting closely round the neck, and a white apron fastened round the waist. That is all. Everyone wears it; there is no distinguishing mark for surgeon or house surgeon, clerk or dresser; the individual is hidden beneath an appropriate but unbecoming garb, and it is only by his acts that you know or recognise him.

Take a group standing in the courtyard—there are some fifteen men, chatting together—most are bearded like the pard, and this fact strikes one very forcibly, that the average French is older than the average English student, or else the climate of Paris is productive of a hirsute fecundity. All are dressed alike; there is no mark of distinction. But soon a move is made to the wards, or the theatre, and by some gesture of authority, or by virtue of position, you distinguish the surgeon from his satellites, many of whom appear as old as he.

The female medical has a similar garment, more voluminous naturally in accordance with feminine exigencies, but otherwise the same.

It is a good uniform—clean, cool, and comfortable. It is the uniform of a worker, and it is a thousand pities that we have not taken this excellent hint in addition to many others from our French colleagues.

THE WARDS.

What a crowd! Manvers with all the extras that a full duty Saturday or Sunday can produce is empty compared to the ward of a French hospital.

Packed like herrings in a box, there is hardly room to get between the beds. But the cases do all right. The results here are as good as ours. Again, the predominant note is cleanliness and simplicity. There is no comfort, few attempts at decoration. Occasionally only there is a vase of flowers.

The atmosphere is good and perfectly sweet except in the genito-urinary ward at the Lariboisière—where it is like a latrine. There are no screens. All examinations are made without any modesty, that modesty which in England imperfectly hides itself behind an unstable framework of wood, insufficiently covered with thin red cloth.

The patients are all very cheerful, and an excellent understanding seems to exist between them and their surgeon—they are his children—he tutoies them, calls them his little ones, and at once establishes a feeling of sympathy.

The diagnosis is written in large letters over most of the beds, and a temperature chart of formidable dimensions occupies the place of honour. And what temperatures! No patient seems to possess the normal. Here is a hernia, healed by first intention, and yet the temperature chart shows a series of irregular dots between 100 and 102. However, nobody seems to mind. The temperature chart hangs over the bed, a monument of human frailty and instability.

THE THEATRE.

This is usually on the ground floor. It is a square room, with white plastered walls, sometimes tiled, and tesselated floor. A good light comes in from a large window on one side of the square—there is sometimes a skylight. Everything is simple, clean, and efficient. There are no marble panels, no elaborate glass cases. Plain basins and tables, and no superfluous furniture. This is the general scheme of the newer buildings. At the Hotel Dieu the theatre is prehistoric, and the thought of it produces a surgical nightmare.

An oblong room, with tiers of benches rising on the side opposite the window, these occupying the larger sides of the parallelogram; doors on the other two sides, leading to anæsthetising rooms, etc. The well of the theatre is covered with brown oilcloth, ill-fitting and ill-kept. The table is a wooden one, and has seen much service. A simple wooden table, with legs painted white. Cushions covered with American cloth, with hernial protrusions of the contents!

A sheet—sterilised, we may assume—partially hides these iniquities, unless the eyes are inquisitive, and converts the whole into a veritable whited sepulchre.

This is, however, an old hospital, and no doubt a new theatre is being considered. Since 1903 many hospitals have had new theatres added.

The arrangements for sterilization are admirable. It is all done by dry heat in special chambers adjoining the theatre. Everything is cooked, even the washing basins in Guyon's Clinique at the Necker.

The instruments are cooked in oblong metal boxes, which, when opened, serve as trays. The sponges and compresses are found in long round metal cases, like very large cocoa tins.

At the Necker, where the best asepsis was observed, nobody touched a thing at the operation except the surgeon and his interne.

The sterilized boxes were taken straight out of a large oven in one corner of the room, placed on

a table before the surgeon and his assistant, and from that time everything was done by them.

And yet, with all this care, what a number of extraordinary omissions there are. The surgeons wear the same garment in which they tour the wards and deliver their lectures; this was an unaccountable oversight.

THE ANÆSTHETIC.

Most theatres have convenient rooms adjoining them where anæsthesia is induced, so that the preliminary stages are not witnessed. But anæsthetics in France are serious matters. It is not a question of a cone and a drop bottle, or even a Clover's inhaler, but of an apparatus gigantic in its proportions, which requires a number of assistants to regulate its mechanism.

Nearly every hospital has a different form of apparatus. The best and simplest was that employed at Dr. Regnier's Clinique at the Lariboisière, where a uniform dose of chloroform and air is administered. Its value is undeniable. I saw a hysterectomy performed for a fibroid of appalling size. The operation was extremely difficult. It lasted 3¼ hours, during three of which the patient was in the Trendelenberg position. No stimulants of any kind were used, and subsequently the patient regained consciousness without a single bout of vomiting. I saw her the next day, 24 hours after one of the largest surgical efforts I have ever witnessed, in a perfectly satisfactory state. Dr. Regnier claims that his apparatus prevents anæsthetic shock and post-anæsthetic vomiting, and certainly this case was an eloquent example in support of his contention.

At the Hôpital Beaujon I saw Prof. Tuffier perform an œsophagectomy, an operation of extraordinary daring. It involved the resection of the left clavicle, the upper two ribs and a complete exposure of the left subclavian and carotid vessels, and part of the aortic arch, lung and pleura. The operation was performed for malignant disease of the œsophagus, and Prof. Tuffier completely succeeded in excising the circumscribed neoplasm.

Here, for the purposes of pressure when the thorax was opened the anæsthetic was administered from an appaling machine, all tubes and taps and wheels, which I do not attempt to describe or understand. It is sufficient to say that the object with which it was used was attained, and in the final stages of the operation the anæsthetic was satisfactorily administered to the patient, the head being shut in a glass box, the inspired air and anæsthetic being at a pressure considerably greater than that of the surrounding atmosphere.

At the Hotel Dieu a somewhat similar apparatus is in use for ordinary anæsthetic work, and acts well.

The French are casual people at their operations. One walks through a hospital, finds an open door and goes in. In full view of the courtyard, or passage, through the open door, a laparotomy is being performed. Nobody minds.

There is a large crowd of men and women—women of very certain age—wives, sisters, aunts, grandmothers, I should say. They may have been medicals, but I doubt it.

The surgeon has now donned his sole badge of office, a white baker's cap, and gets to work.

Presently a photo is taken. Ah, something has turned up. Everyone swarms round the table, getting into the pockets of the surgeon and his assistant.

Now things are rather dull. So people stroll about and talk to one another loudly. The nurses sit down on the benches and talk to the students or internes.

Another excitement. The ligatures are all breaking, and with each failure to tie a vessel the annoyance of the surgeon increases, and his voice is raised in wrath and expostulation. General scuffling among nurses and assistants. More ligatures, stouter ones —ye gods! to see them—are brought, and he is appeased. So on to the end, and if the operation lasts long its final stages are awaited only by those compelled to be in attendance.

This is the only operation that will be done this morning. Two were posted, but this has lasted 2½ hours, and time and hunger say dejeuner, so the patient is wheeled away and all is over for the day.

One does not see long lists of five or six major operations. A single operation, if of any magnitude, is quite enough for a morning's work; should there be others they will be done next day, because each surgeon has his own theatre and comes every morning.

At mid-day all hospital work is over, the staff have gone, dejeuner appears, and as for what happens after that I know not. This is the great fault, I venture to think, from every point of view, but I suppose it is inevitable.

The theatre management is quite different from ours; the nurses do nothing. I often wondered why they were there. They appeared to have no duties to perform, and certainly they were not beautiful. Their age was generally between 45 and 55. I may be doing them an injustice, but really I hardly ever saw a young nurse, and certainly I never saw a pretty one. I don't know anything about their training, but I think they must be selected for their looks (of a kind) and kept in seclusion until maturity is reached. They wear the same holland garment, open at the neck, a black bow, a piece of white material, and a rosette of the red-white-and-blue on the head. They are careful with what complexion nature has been kind enough to leave them, and assist it with obvious applications of the powder-puff. They wear elaborate open-work stockings (their skirts are quite short) and red or black felt shoes without heels. They did not strike me as being particularly capable.

The general management is entrusted to a theatre porter, clothed in the same brown holland, who fetches and carries, washes and cleans. He is generally rather stout, and always hot.

Nobody touches the instruments and ligatures except the surgeon or one of his assistants. Nobody touches the sponges except the surgeon or his interne.

The swabs are usually of plain sterilized white gauze; the ligatures are of catgut. I saw no silk

used in the municipal hospitals. The catgut is prepared in the State laboratories, and is sent in sealed glass tubes, which are broken as the gut is wanted. What cart-rope it is! They appear to start with our next to largest size and work up. They use it for everything except the skin, and knot it three times, leaving the ends very long. It appears to be thoroughly reliable. For the skin, silkworm gut, or Michel's clips are used. No great care is shown in sewing up the wound, but the most careful precautions are taken to avoid undue hæmorrhage.

Reverdin's needle is exclusively employed: the result is a great saving in time and labour.

The hands are sterilized either in permanganate of potash or perchloride, but great attention is wisely paid to soap and water.

All septic cases are operated on in a separate theatre, and long gloves are worn.

No lotion is used throughout the operation, except for the operator's hands.

The only operator who applied any liquid to his wound was Dr. Lucas Championnière, and he swabbed it out from time to time with carbolic solution. For the rest I saw many operations performed, and no washing of the wound was undertaken. The instruments are never boiled. They are sterilized by dry heat, and are not put into any lotion. Sponging was performed by drawing the swab over the wound instead of gently pressing it on to the surface as is the custom with us.

Where do the men learn their clinical work? I do not know. There is very little teaching, as far as I could see, in the hospital. A certain number of lectures are delivered; these are admirably given, clear and practical. The French are glorious speakers. But for the main part the teaching in the surgical wards seems poor.

It is difficult to express the practical value of such a visit, as there are so many minor points of treatment and technique which baffle description, or are tedious to elaborate. On a larger scale, however, the lessons which it teaches are the value of simplicity, and the success of uniformity. Well-meant but misplaced extravagance in buildings or accessories is unknown, and its absence is not prejudicial to the results as far as surgery is concerned. Their efficient method of sterilization may well be imitated, and the establishment of a central institute for the preparation of ligatures is a practical possibility.

Our French colleagues are brilliant operators, careful clinicians, and admirable diagnosticians, nor do they hesitate to record their failures for the purpose of imparting knowledge to others. As a nation the French are known for their courtesy and hospitality: as members of that nation, the surgeons and those of the administrative bodies with whom I have been brought into contact have shown themselves to be richly endowed with these national characteristics; and I should like, in conclusion, to indirectly express to them my thanks for the courteous reception that I had at all the hospitals and institutions which it was my privilege to visit.

Cricket.

THE CUP-TIE.

S.M.H.C.C. *v.* MIDDLESEX HOSPITAL C.C.

Played at Acton on the U.C.H. ground on June 13. The weather was almost perfect. A few clouds tempered the heat of the sun without spoiling the light. We won the toss and elected to bat. Squire and Littlejohn opened for St. Mary's on a wicket slow but otherwise in good order. Heygate and Montgomery bowled for Middlesex. Runs began to come at once. Littlejohn played with freedom, and neither found any difficulty with the bowling. The score rose rapidly to 62, and the board looked brighter for us than on any occasion this season. At this stage Littlejohn was bowled. His contribution was made without a single fault. His leg hits were particularly neat. His hits included five fours.

At 77 Lovell was out. At 90 Squire was bowled. Before twelve more runs were added both Ollerhead and Louwrens had returned to Pavilion. The former showed us what he meant to do by lifting two out of the field. Archer and Wickham then stood together. Montgomery was taken off for Hall. Runs came more slowly now, and seeing our total was only 101 for five wickets, Archer no doubt did wisely to play with caution. Wickham, who was giving us the first opportunity of judging of his play, batted well beyond our expectations. He hit briskly all round the wicket. The score was thus taken to 131, when Archer, who had just been hit over the eye with a bumper, was dismissed by Hall. The rest gave the bowlers no trouble, and the innings closed at 148.

Considering the quality of the wicket and the bowling, our total was not good enough. Three of our men who generally make runs had failed. Heygate bowled consistently well, but the Middlesex fielding was very poor.

After lunch Heygate and Montgomery went in to bat. Timothy and Straton went on to bowl for us. Heygate began at once to force the game. In this he was assisted by Timothy, who appalled us by sending a succession of full tossers on the leg. Straton bowled more carefully, and persuaded Heygate to give a catch when he had made 25. It was not an easy catch for Ollerhead, but fatal to drop it. Soon after this Timothy was taken off, and for some unexplained reason Wickham, who had never played for us before, was put on. Up to this time Heygate had enjoyed himself, now he simply revelled. In two overs from Wickham he made twenty-two, including five fours.

Heygate batted splendidly for his 75, giving only one chance. As the score approached our total, and wickets fell rapidly, there was some excitement in the camp, especially when it read 6 for 143, 7 for 146. A well timed two by Morson, however, placed the score at 149 amidst a storm of cheers from the Pavilion. The innings closed for 154, the match thus ending in a win for Middlesex Hospital by 6 runs.

There was no question the match was lost not merely by poor fielding, but by mismanagement. A Cup match is not a match in which to try a bowler for

the first time. and Wickham should not have been put on, at any rate not before Louwrens and Squire had been tried.

St. Mary's.		*Middlesex.*	
E. W. Squire b Heygate	44	R.B. Heygate b Straton	75
H.R.Littlejohn b Heygate	34	G. N. Montgomery c Ollerhead b Straton	16
A.C. H. Lovell c Heygate b Montgomery	7	W.G.Manfield c Lovell b Ollerhead	0
H.S.Ollerhead b Heygate	11	H. G. Alexander b Straton	9
J. J. Louwrens b Heygate	0	E. A. Saunders b Ollerhead	12
F. Wickham not out	19	C. H. B. Thompson b Timothy	4
T. Timothy b Heygate	0	A. C. Morson not out	17
E. W. Archer b Hall	15	M.W. Morrison run out	0
E. G. Treherne b Hall	0	H. G. Woods b Timothy	1
F.C.H.Bennett b Heygate	0	F. W. Hall b Timothy	0
A. A. Straton b Hall	5	P. J. Chisnell c & b Ollerhead	0
Byes, etc	13	Byes, etc	20
	148		154

S.M.H.C.C. *v.* VIRGINIA WATER SAN. C.C.

Played at Virginia Water on Saturday, June 10th.

This ought to have proved one of the pleasantest matches of the season. The Sanatorium had been at some trouble to meet us with a strong XI. Of those chosen to represent St. Mary's Hospital no less than seven men failed to turn up, namely, Ollerhead, Louwrens, Bennett, Hobbs, Neagle, Treherne, and Stephens.

There were only four of us and Timothy, who went to umpire, procured some flannels, and turned out. We of course determined to play.

We had only one course open to us—to go in and bat. While we were being disposed of without any remarkable scoring, Dr. Harper very energetically hunted round for six substitutes. Archer batted well, making some fine cuts. Of the rest Malan and Ward batted very well.

When the Sanatorium went in the wicket was distinctly easier for the batsmen, who were not slow to take advantage of this. Bishop was dismissed very early. Adair-Thompson batted splendidly, but gave no less than three chances. Timothy bowled well, and would have accounted for quite seven wickets had all the catches been held. A shower of rain stopped play at ten minutes past five.

The Sanatorium were naturally disgusted that the majority of our XI. had been so unsporting as not to put in an appearance.

One member remarked that had there been rain even in torrents such conduct had been inexcusable in the absence of any information that the ground was unfit for play. We had no excuse to offer. It is not too much to say that we were ashamed of the XI. to which we belonged. The Sanatorium will be more than justified if they refuse to grant us a fixture in years to come, now that we have treated them with such utter lack of consideration.

St. Mary's Hospital.		*Sanatorium.*	
E. W. Squire c Bishop b Street	9	Bishop c Hull b Squire	9
A.C.H. Lovell c Harper b Thompson	0	Adair-Thompson retired	100
E. W. Archer b Thompson	19	Street c Archer b Timothy	32
T. Timothy c Bishop b Street	0	Havers b Timothy	3
A.A.Straton lbw b Street	6	W. J. Hill retired	22
Barnes b Thompson	2	E. H. E. Morgan not out	22
Malan stumped Slinton b Street	8	Byes, etc.	13
Hull c Morgan b Street	7		
Chard c Hill b Thompson	2		
Ward c Bishop b Thompson	22		
Wescott not out	1		
Byes, etc.	13		
Total	89	Total for 5 wickets	208

PAST *v.* PRESENT.

This match was played at Henley on July 1st.

We were again the guests of Mr. Morton Smale, who secured for us the Henley Cricket Club ground, and made every provision that the day should be no less enjoyable than it has been in years gone by.

The Present were two men short, and the Past one short, when the coin was spun. The Present won and the Past turned into the field. The Henley wicket is always soft, this time it was sodden with rain as well.

In just over an hour we were all out for the paltry total of 57. The light was bad and the bowling good, but the wicket was not sufficiently difficult to afford any excuse for our feeble batting display. F. J. Poynton took 5 wickets for 19 runs.

After lunch F. J. Poynton and R. R. Cruise opened for the Past. After an over or two runs began to come freely. Our total was soon passed, and 200 runs were made before the first wicket was down, F. J. Poynton being run out after making 75. Shortly after R. R. Cruise was bowled for 127. Both batted splendidly without giving anything which might be called a chance. Of the rest H. B. Ellerton batted well, and all but one made double figures. Treharne showed much smartness behind the wicket.

Present.		*Past.*	
E. W. Squire, b Poynton	10	F. J. Poynton, run out	75
E. W. Archer, c Ellerton, b Poynton	3	R. R. Cruise, b Ollerhead	127
J. J. Louwrens, c Clayton Greene b Poynton	12	W. S. Mitchell, c Ollerhead b Straton	12
H. S. Ollerhead, c Pares b Mitchell	5	B. Pares, b Straton	10
S. R. Waugh, c Cruise b Poynton	4	H. B. Ellerton, c Harrison b Squire	94
E. G. Treharne, st Ellerton b Poynton	10	W. H. Clayton Greene, c Harrison b Ollerhead	14
F. H. Stephens, b Cruise	5	S. Maynard Smith, st Treharne b Squire	19
F.C.H.Bennett, b Cruise	5	T. G. H. Broadbent, st Treharne b Squire	25
A. A. Straton, not out	0	A. W. K. Straton, c Treharne b Squire	15
Wickham, Timothy } Did not bat.		W. J. Harrison, not out	1
Byes	3	Byes	13
Total	57	Total	405

The Athletic Club.

ANNUAL SPORTS MEETING.

This meeting, which is always one of the most pleasant of our annual "functions," took place as usual at the Paddington Recreation Ground on Friday, June 16th. The day was very fine and the L.R.B. Band performed a varied selection of music during the afternoon. There was a large attendance, including more ladies, we think, than of late years, amongst whom we were glad to see a good many members of the senior nursing staff. There was a large attendance of the present staff, and Dr. Cheadle honoured the meeting by representing the consultant members. The racing was decidedly above the level of late years; we comment on it in another column. The prizes were, as usual, very kindly presented by members of the staff, Dr. Luff, the President for the year, giving a handsome silver cup for the highest aggregate, a trophy that was thoroughly well won by E. D. Anderson. Mrs. Luff presented the prizes at the end of the meeting, when the President took the opportunity to exhort the members of the club to increase their interest in the Inter-Hospital Meeting, for which our meeting should be but a preparation. The following is the list of the events with the results :—

100 Yards Handicap.
1. E. D. Anderson (scratch). Time, 10 4-5 secs.
2. H. S. Ollerhead ,,
3. J. J. Louwrens, rec. 2 yds.

1 Mile Cycle Handicap.
1. J. H. Meers, rec. 40 yds. Time, 2 min. 39 4-5 secs.
2. N. H. Gilbert ,,

A good race. Until the last stretch was reached both rode abreast. By a strenuous effort Meers passed Gilbert and won by barely a length.

Half Mile Handicap.
1. E. D. Anderson, scratch. Time, 2 min. 6 4-5 secs.
2. T. C. C. Evans, rec. 20 yds.
3. H. L. Barker, ,, 10 ,,
4. H. H. Cowdroy, ,, 30 ,,

Anderson went ahead at beginning of second round, and passing all others, won by 4 yds., Evans coming in second.

High Jump (Handicap).
1. P. V. Hayes, rec. 3 ins., 4 ft. 10 ins.
2. J. J. Louwrens, rec. 2 ins., 4 ft. 7 ins.

220 Yards Handicap.
1. T. C. C. Evans, rec. 10 yds. Time, 24 4-5 secs.
2. R. D. Neagle, scratch.
3. T. Wickham, rec. 5 yds.

A good race, only a yard separating each competitor.

1 Mile Handicap.
1. R. B. Adams, rec. 100 yds. Time 4 mins. 58 secs.
2. C. G. Galpin, ,, 20 ,,
3. F. W. Quirk, ,, 80 ,,
4. C. M. Wilson, scratch.

Adams led all the way. In the fourth lap Wilson drew up and took second place, but ultimately was passed by Galpin and Quirk.

Putting the Weight Handicap.
1. R. B. Adams, rec. 2½ ft., 26 ft. 8 ins.
2. P. V. Hayes, rec. 3 ft., 26 ft.

440 Yards Scratch.
1. E. D. Anderson. Time, 57 1-5 secs.

Anderson won by 20 yards.

440 Yards Handicap.
1. F. H. Stephens, rec. 30 yds. Time, 55 4-5 secs.
2. J. E. L. Johnston, ,, 20 ,,

2 Mile Cycle Handicap.
1. G. Lawlor, scratch. Time, 5 mins. 49 secs.
2. N. H. Gilbert, rec. 80 yds.
3. F. H. P. Wills, scratch.

A good race. All kept more or less together until last lap, when Lawlor drew ahead. In the last 100 yards Gilbert got in front of Wills and came in second.

Half Mile Handicap.
1. R. P. Crabbe (Cambridge). Time, 1 min. 59 1-5 secs.
2. W. V. Field (London Hospital).
3. R. McLinnell ,, ,,
4. G. D. Walker (Charing Cross Hospital).

Field ran away at first and led by 20 yards. In the second lap Crabbe drew up, and taking the lead half way round, sprinted ahead and won easily by 30 yards.

Porters' Race (180 Yards).
1. Bailey. 2. Saunders. 3. English.

St. Mary's Hospital Rifle Club.

The shooting this year has been extremely interesting to those concerned; Wednesday, 5th July, was a great and exciting meeting, at which the final Armitage shoot, gave the Cup to Bart's, Mary's being 48 behind.

Scores :—		Bart's.	Mary's.
1st Shoot	...	499	474
2nd ,,	...	460	464
3rd ,,	...	505	483
4th ,,	...	510	509

Counting the three best scores in each gives Bart's 1,514, and Mary's 1,466.

It will be noticed from the totals that our team has steadily improved, the second shoot being on a very bad day.

The individual scores for the last shoot were :—

1st Pair	C. Lillingstone	...	76
	O. Heath	...	85
2nd Pair	R. de V. King	...	78
	A. Wilkin	...	80
3rd Pair	J. McIntyre	...	94
	J. Freeman (Capt.)	...	96

These scores counted in the Open and Handicap Shoots through for the U.H.R.A. Prize Meeting, which was run concurrently.

At this meeting Mary's did well, the prize of the day, the "Arnold Cup," being won by J. Freeman, with 96 out of 105, J. McIntyre being easily second with 94; the Cup will, no doubt, be up in the Library before this is in print.

Other prizes won by Mary's were, J. Freeman and McIntyre, 1st and 2nd respectively in the Aggregate of the day's shooting; and J. McIntyre 1st in the Long Range Shoot at 900 yards. The full prize list has not been sent in yet.

This is very cheering, but, of course, the Bisley Cup is the most important; shot for on Thursday, 13th July, at Bisley; the team is not settled up to date of writing, but will be practically the same as last year, except that we have lost R. E. Graham, who is not shooting this year, his place being keenly competed for by R. de V. King and A. Wilkin. The result of the shoot will probably be known by the time this is read. The other Hospitals in are Guy's and Bart's, and all three teams have hopes of winning the Cup, so that it ought to be an exciting match, and if we can judge from last year's results, a close one.

Reviews of Books.

THE HISTORICAL RELATIONS OF MEDICINE AND SURGERY TO THE END OF THE SIXTEENTH CENTURY. By T. Clifford Allbutt, M.A., M.D. London: Macmillan & Co. pp. xvi. + 125. 2/6 net.

This is a reprint of the address delivered by Dr. Allbutt at the St. Louis Congress of 1904, and it is a book which is worthy of serious study by every thoughtful physician and surgeon. It is an apologia for the unity of the arts of medicine and surgery that comes as a veritable trumpet-blast in front of the classic porticos of our two learned Colleges, but whether this modern Joshua will effect a breach in those dignified walls it would be ill to forecast. And most delightful is it to hear such a blast from the mouth of this academic champion, whom of all men one might most expect to be fettered in the bonds of custom. In the preface the challenge is thrown down thus: "In the times of Greece and Alexandria medicine and surgery were one; to the clear eye of the Greek they could not be sundered"; next, is shown how the spirit of collectivism and cast-iron scholasticism of the fiery middle ages overshadowed first and then buried the individualising spirit of the Greek, and compelled the science of surgery, an integral and all-important branch of medicine, to be utterly neglected and banned by the dignified pedants of the "pure" medical colleges of different countries. The lecture itself displays a vast amount of careful research and erudition, and of the manner of setting forth we need only say that it is in its author's highest and purest style; it deals with an enormous subject, and presents an amazingly concise amount of historical knowledge in a most palatable form: the first and last pages are pregnant with such sound wisdom, in terms of such keen satire, that for them alone the book is worth reading. We could dwell for long on these pages, but space forbids us to do more than quote what seems to us the author's "conclusion of the whole matter," although the passage occurs in the preface: "To maintain separate Colleges to intensify schism (!), to separate the man who treats a disease with one remedy from a man who treats the same disease with another remedy, to distribute half a malady to one practitioner, to another the remnant ..... is contrary to nature, art, and common-sense. Surely the hour has come to amalgamate medical institutions and customs, to establish an Academy of Medicine every member of which shall be free to develop his faculties in whatsoever honourable paths they may lead him,"—to which many will be found to answer and say Amen.

ELEMENTARY MICROSCOPY. By F. Shillington Scales, F.R.M.S. London: Ballière, Tindall & Cox. pp. xii. and 180. Illustrated. 3/- net.

This is quite a useful little work on the construction and choice of a microscope, giving information about many makers' instruments and a good elementary sketch of the optics of microscopy. It may be safely recommended to any student interested in the subject.

GOLDEN RULES OF MEDICAL PRACTICE. By Lewis Smith, M.D. Lond. No. IV. 6th Edition. Bristol: John Wright & Co. 1s. net. Enlarged and re-written.

Another "tabloid" book, re-cast. We have no fault to find with the composite granules of information, but we cannot quite understand the raison-d'être of this series. Is it for the waistcoat-pocket of the general practitioner, or to read on the omnibus going down to the Embankment?

THE MEDICAL ANNUAL: A YEAR-BOOK OF TREATMENT, AND PRACTITIONER'S INDEX FOR 1905. 23rd Year. Bristol: John Wright & Co. 7/6 net. With hand stereoscope for use with plates, 2/- or 2/6 extra.

We have formerly noticed the object of this work, and need say nothing about it except that it seeks to collect from the literature of the past year any substantial advances that have been suggested in therapeutics and symptomatology, and to a lesser degree in pathology and diagnosis. The present issue is from 35 writers, and is of a larger size than we remember seeing previously. That the various subjects have been adequately treated is shown by the quotation from the list of contributors of such names as Mayo Robson, Tubby, Still, Stockman, Hutchison, and Lockhart Mummery. We cannot discuss any individual articles, but the work seems on the whole a useful compilation and to be recommended for the latest information on a wide range of subjects. There is a small note of Wright's work on Antistaphylococcic Vaccination, but we find no reference to his Tuberculin work or opsonic doctrine, an important omission. A new feature of the book are a series of plates, chiefly of Eye diseases, from stereoscopic photographs, for use with which a neat little hand instrument is supplied.

THE PRINCIPLES AND PRACTICE OF ASEPSIS. By Arthur Styles Vallack, M.B., Ch. M. (Sydney). London: Ballière, Tindall & Cox. Pp. 105. 2/6 net.

FIRST AID TO THE INJURED AND SICK. By T. J. Warwick, B.A., M.B. (Cantab.), and A. C. Tunstall, M.D., F.R.C.S. 3rd Edition. Bristol: John Wright & Co. Pp. 230. 1/- net.

Of these two little books we have only to say that they are good of their kind; we do not think that the first one fulfils a special want, as it seems to open up no fresh ground. It is evident that the second of the two does so, as the volume before us is one of the 14th thousand. It is intended as an advanced ambulance handbook and fully carries out its authors' intention. Both have good authority for writing on ambulance work.

Books Received for Review.

MUCOUS MEMBRANES, NORMAL AND ABNORMAL. By Wm. Stuart Low, F.R.C.S. London: Ballière, Tindall & Cox. Pp. 860. 2/6 net.

Correspondence.

To the Editor of the GAZETTE.

THE RESIDENT'S COT.
14, Devonshire Terrace,
Hyde Park, W.

Dear Sir,—Best congratulations to "Four Times a Resident" on his letter.

As "Three Times a Resident" I have much pleasure in promising my cheque for three guineas.

Very faithfully yours,
June 23rd, 1905. Rayley Owen.

Appointments.

CORBIN, H. E., L.R.C.P., M.R.C.S., Assistant Medical Officer Willesden Urban District Council and Isolation Hospital, Willesden.

COPE, V. Z., M.B., B.S.Lond., House Physician to Dr. Lees.

CUNNINGHAM, H. H. B., M.D.Brux., L.R.C.P., M.R.C.S., Clinical Assistant to the Royal Ear Hospital.

HARRIS, F. R., L.R.C.P., M.R.C.S., Assistant Anæsthetist to the Hospital.

SYMES, J. O., M.D.Lond., L.R.C.P., M.R.C.S., D.P.H., Physician to Clifton College, Bristol.

WHITE, R. K., I.M.S., House-Surgeon to Mr. Lane.

Change of Address.

Alcock, N. H., M.D.Dubl., 25, Norfolk Mansions, Battersea Park, S.W.

De Morgan, A., L.R.C.P., M.R.C.S., 3, Campden Hill, W.

Frampton, T. H. T., F.R.C.P.Edin., M.R.C.S., 15, Brunswick Square, Brighton.

Graham, E. Naggiar, F.R.C.S.Edin., L.R.C.P., M.R.C.S., L.S.A., Auxiliary Forces Club, Whitehall, S.W.

Hayden, A. F., M.B., B.S.Lond., L.R.C.P., M.R.C.S., Walkern, Stevenage, Herts.

Lloyd, E. E., L.R.C.P., M.R.C.S., 61, Fairlop Road, Leytonstone, N.E.

Sieveking, A. R., L.R.C.P., M.R.C.S., 18, Blenheim Road, Redland, Bristol.

Thomson, L. L., L.R.C.P., M.R.C.S., Etiochey Sur Seine, pais, St. Colombe Sur Seine, Cote d'Or, France.

Willcox, W. H., M.D.Lond., M.R.C.P., D.P.H., 16, Hoveden Road, Cricklewood, N.W.

Pass Lists.

UNIVERSITY OF OXFORD.

DEGREE OF M.B. AND B.CH.
B. H. Spilsbury.

SECOND EXAMINATION FOR DEGREE OF M.B.
Pathology and Hygiene—H. H. Baker, B.A.

UNIVERSITY OF CAMBRIDGE.

DEGREE OF M.B. AND B.C.
W. E. Paramore, B.A.

SECOND EXAMINATION FOR DEGREE OF M.B.
Anatomy and Physiology—G. H. Dunn, B.A., F. H. Lester, B.A.

ROYAL COLLEGE OF SURGEONS.

FINAL F.R.C.S.
C. Killick, M.B., B.C.Camb., L.R.C.P.
C. I. Graham, L.R.C.P.
W. L. M. Goldie, L.R.C.P.

PRIMARY EXAMINATION.
E. H. Kettle, K. A. Lees, C. A. Pannett, B.Sc.

SOCIETY OF APOTHECARIES.
Diploma—P. Hendley.

The Services.

ROYAL ARMY MEDICAL CORPS.

The following Captains are selected for the next college course at the Royal Army Medical College, viz.:—

P. S. Lelean, F.R.C.S.
R. L. Argles, L.R.C.P., M.R.C.S.
B. F. Wingate, L.R.C.P., M.R.C.S.

Volunteer Corps.

Surg.-Captain (Honorary Captain in the Army) Atwood Thorne, M.B., L.R.C.P., M.R.C.S., is granted the rank of Surgeon-Major in the 2nd Middlesex Royal Garrison Artillery (Volunteers). Dated May 15th, 1905.

Announcement.

BIRTH.

LEANING.—On June 22nd, at Rusthall Avenue, Bedford Park, the wife of R. Craske Leaning, M.B., B.S.Lond., L.R.C.P., M.R.C.S., of a son.

Resident Patients Wanted.

London & County Banking Company, Ltd. (*Continued*).

PROFIT AND LOSS ACCOUNT.

	£	s.	d.
To Interest paid to Customers	94,001	2	1
Salaries and all other Expenses at Head Office and Branches, including Income Tax on Profits & Salaries, Auditors' & Directors' remuneration	321,828	13	9
Carried to Reserve Fund	50,000	0	0
Rebate on Bills not due, carried to New Account	23,256	2	11
Dividend 10 per cent. for the Half-Year ... 200,000 0 0			
Balance carried forward ... 80,456 18 4	280,456	18	4
	£769,632	17	1

	£	s.	d.
By Balance brought forward from last Account	66,391	1	3
Gross Profit for the Half-Year, after making provision for Bad and Doubtful Debts, and including Rebate, £27,434 10s. 0d., brought from 31st December last	703,241	15	10
	£769,632	17	1

Examined and Audited by us,

(Signed) J. ANNAN BRYCE, GEORGE J. GOSCHEN, W. HOWARD, } *Audit Committee of Directors.*

G. J. RODOLPH, *Head Office Manager.*

RICHARD LEMON, *Country Manager.*

G. K. SMITH, *Chief Accountant.*

London and County Banking Company, Limited,
17th July, 1905.

In accordance with the provisions of the Companies Act, 1900, we certify that all our requirements as Auditors have been complied with and we report that we have examined the Balance Sheet, and Profit and Loss Account, dated the 30th June, 1905, have verified the Cash Balance at the Bank of England, the Stocks there registered, and the other Investments of the Bank. We have also examined the several Books and Vouchers and Certified Returns, showing the Cash Balances, Bills, and other Amounts set forth, the whole of which are correctly stated; and in our opinion the said Balance Sheet and Profit and Loss Account are properly drawn up, so as to exhibit a true and correct view of the Company's affairs as shown by the books of the Company.

(Signed) GEO. H. FABER, Hy. GRANT, THOS. HORWOOD, } *Auditors.*

London and County Banking Company, Limited,
20th July, 1905.

London & County Banking Company, Limited.

NOTICE IS HEREBY GIVEN, that a DIVIDEND on the Capital of the Company at the rate of **10** per cent. for the Half-Year ending 30th June, 1905, will be PAYABLE to the Shareholders, either at the Head Office, 21, Lombard Street, or at any of the Company's Branches, on or after Monday, the 14th inst.

By order of the Board,

21, Lombard Street, *4th August*, 1905. F. J. BARTHORPE, *Secretary.*

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XI.—No. 8. OCTOBER, 1905. Price 6d.

Notes.

It is no less our pleasure than our duty to extend a hearty welcome to the new men who have decided to pursue their studies at St. Mary's. We think they have chosen wisely, and that the opportunities they will have for theoretical and practical work will be second to none in England; and without blowing our own trumpet unduly, we can conscientiously claim a very prominent position for the excellent system of tutorial classes that have been organised by the Board of Studies to assist them from first to fifth year, classes which are the backbone of sound instruction, and which are of the utmost assistance for preparation for examination, especially in these days when the multiplication of text-books is tending to make the confusion of a new subject worse confounded for the beginner.

And we sincerely hope that those who are proficient at any games will signify the same to the secretaries of the respective Clubs, and that those who are not will signify their intention of becoming so, for our Hospital has to retrieve a very proud position in the athletic world from which we fell some years ago, largely owing to the non-possession of a sports ground of our own. Now we have one, and if everybody will make up their minds to train, train together and train often, and to get into *some* team or other, if not this year, at any rate next, then the day of possession of eight or nine challenge-cups may once again dawn upon us.

Dr. Wilfrid Harris' opening address was by general consensus one of the most brilliant and useful communications that have been made to the public in our Library. We have great pleasure in publishing it, and hope all our readers will bring it to the notice of *as many non-medical friends as they possibly can*, for this will be a real service to the cause of medical education. There was a fair company to hear the paper, and we were all very kindly entertained at tea in the Board Room afterwards by Mrs. Lees. We were extremely pleased to meet Mrs. Caley at her first Hospital "function," and trust it will be the first of a very long series.

We need hardly say that in the regrettable absence of Dr. Carey Coombs, Mr. Page made an admirable chairman at the Dinner, and we congratulate Mr. Low and his Committee on the success of the general arrangements which were no whit inferior to those of previous occasions. In fact the decorations were more beautiful, and the toastmaster's beard longer, and his commanding voice more suavely rotund than ever. The excellent precedent of few and short speeches (which will rank as one of the late Mr. Silcock's services to St. Mary's) was strictly followed, and the speeches themselves had none of the stiffness that so often mars after-dinner oratory. The meeting most enjoyed the "gentle and joyous passage of arms" between the physician and surgeon in the persons of Mr. Page and Dr. Lees, a tourney in which we undoubtedly award the palm to the latter for his delightful acquiescence in the surgeons' claims of having submitted "nearly every organ of the body to what they themselves — *very rightly* — call surgical interference!" We must allude with gratitude to Mr. Harben's sympathetic speech in the present crisis of Medical School affairs. Such distinguished lay support is what we chiefly need.

Many old friends were present, but we fancy they did not lift up their voices with the vigour of old years; perhaps the cares of family life are sobering them all down. At any rate the dinner was very quiet when compared, for instance, with that famous feast in honour of Mr. Owen. By the way, Mr. Owen was present as usual, and really looks younger and more vigorous than ever. The Chairman's wish that Dr. Coombs (the younger) could have found time to come up was heartily reciprocated by his many friends. We must not forget to thank Staples for reviving old memories by his spirited rendering of "Araby," in response to a universal request for a song.

We hope everybody will read and give heed to the short article on our Football that follows these Notes. The Rugby team especially deserves strong support, as a splendid fixture list has been arranged, no fewer than 31 matches for the first XV. and 23 for the A.'s. There will be no excuse if we have not a thoroughly well-trained side to send into the Inter-Hospital field after the New Year.

We hear that a good list of fixtures has also been arranged for the Soccer Team. As nine of last year's lot are still available, and there are some promising recruits about, there is every prospect of a good season. The 2nd XI, which was revived last year, is a most flourishing infant and shows a lusty keenness which its elder brother may well copy. We wish all luck to the pair of them with an inter-hospital pot to finish up the season.

Our new Games ground at Wormwood Scrubbs bids fair to be a great success. We share it with the Kensington Park Club. It affords a Rugger and Soccer ground and hockey ground in winter, an excellent cricket pitch and nets (attended by two ground men), with three tennis courts, for the summer, and a pavilion with good changing and bath rooms, and a refreshment room. It is well within a half-hour's 'bus ride and a 2d. fare of the Hospital. On the whole it is a matter of congratulation that the School Committee and Club officials have solved our long-standing difficulty in so satisfactory a manner.

We have a double duty to perform in respect of Dr. Caley's marriage. First, to ratify and re-double the congratulations and good wishes that we made on its announcement, and secondly, on his behalf, to thank very heartily the members of the School for the silver clock with which those good wishes were substantiated.

The large silver bowl presented to Dr. Caley by his colleagues on the Staff is illustrated in the September "Studio." It is of beaten silver, surrounded below the neck by a handsome arabesque design in relief from which hang two ring-handles in silver gilt. It was designed by Mr. Edward Spencer.

To many other old friends, whose marriages we also announce, we wish all happiness and prosperity.

Mr. Ernest Lane, by his succession to the Lectureship of Surgery, has vacated a post that he has filled most efficiently and conscientiously for very many years. In welcoming Mr. Clayton-Greene to the office of Lecturer in Anatomy we are well assured that he will worthily carry on the honourable traditions with which that office is associated at St. Mary's. His exceptional teaching ability is well known to most men about the Hospital, and men about to start their anatomy lectures will find that his grasp of morphology and lucidity of style will in truth make dry bones live and instil fascination into the very fasciæ.

An important innovation is the appointment of two new honorary anæsthetists to the Hospital. These gentlemen are Mr. Rowland Collam and Mr. Joseph Blumfield. Mr. Henry Davis continues office as Senior Honorary Anæsthetist.

On another page we publish the names of the successful candidates for our Entrance Scholarship. These gentlemen thoroughly deserved their honours as there was a very good competition; in fact, in the case of the University Scholarships the third and fourth candidates were well within the usual standard of success.

The lengthy pass-lists for the summer exams. is pleasing; we hear that only three

candidates out of thirteen were defeated in medicine at the College and that thirteen out of eighteen passed in midwifery.

Our warm congratulations, and those of several generations of St. Mary's folk, to Mr. and Mrs. Herbert Smale on the recent arrival of a son and heir.

A. A. Martin, whom many of our older readers will know, distinguished himself in the Eastbourne Summer Boat-fishing Competition; he took the first prize for the heaviest day's catch (15 lbs.) of sea bream (a right game fish at times, and not of the phlegmonous and muddy habit of his fresh-water namesake), and also third prize for the heaviest day's catch of fish and greatest number of sizeable fish. We have this on the unimpeachable authority of the Clerk of the Scales!

Messrs. Lees and Pannett, the Secretaries of the Medical Society, have published an interesting programme for the season. By the time this appears Dr. Wright will have opened the ball with a discourse on "The Physiology of Belief," and we doubt not that this somewhat mysterious and fascinating subject will have secured a "record house." The authors of the remaining papers will be Drs. Broadbent, Cole, Ridewood, Gow, Dawe and Langmead, and Messrs. Graham, Clayton-Greene and Carmalt Jones.

We have decided in future not to publish the *names* of those desirous of receiving resident patients unless requested to do so; otherwise anonymous particulars of their houses will be only given. This course is adopted at the suggestion of two correspondents, as on reflection we fully admit its expediency.

We have the pleasure to publish in this number the half-yearly balance sheet of the Hospital's bankers, the London and County Banking Company.

The publication of the November number will probably be delayed until the 20th of the month or thereabouts.

The Coming Season.

The present state of St. Mary's Athletics cannot continue indefinitely. Either we shall soon simply not count as a factor in Cup Ties and run no regular teams or we may once more be a power amongst Sporting Hospitals. But we certainly shall not regain this position without an effort.

The Rugby XV. always commanded any latent keenness and energy, and to them in the coming season we look to bring back the first Cup.

To place the various clubs on a permanent footing it is essential to grasp the reason of the failures of recent years. We believe it may be found in the very prevalent habit of waxing facetious over Hospital Athletics.

When it becomes an honour to represent Mary's the problem which every Games' Secretary has to face will be solved. We hope that in the winter months everyone will strive to spread this idea and the best way to do it is to win matches.

The season opened on September 30th, Hammersmith going down to a very weak side. Before Christmas the Old Leysians, R.N.C., 1st Army Corps, R.M.A., Bedford, R.M.C. and Royal Engineers will be met. On November 17th the team leave for France to play Havre and the Stade Français.

In January, though there is no precedent for this course in recent years, several matches will be played including, on January 31st, Past *v.* Present, the former captained by Mr. C. I. Graham. The season ends on February 24th. Before seeing any Freshers available play it is difficult to give the probable side, but probably Quirk, Taylor, Litteljohn, Treherne, Richards (a Welsh fresher), Louwrens and Phillips will be the back division. Forward we shall have Hawkins, Galpin, Finlaison, Lees, Evans, Mason, Anderson and Vincent. If Freeman goes abroad we shall lose one of the best forwards. There is a general impression that if everyone available turns out regularly our strength behind the scrum combined with a keen and lusty scrum, should mean more than a sporting chance in the Cup Ties.

The Club would be grateful if men would turn up to support the team when they play in London.

THE PUBLIC AND MEDICAL EDUCATION.*

By WILFRID HARRIS, M.D., F.R.C.P.
Physician to Out-Patients at St. Mary's Hospital.

The subject which is undoubtedly of paramount importance at the present moment to students now joining a Hospital, and to their teachers alike, is the future development of medical education in London. It is idle to deny that the condition of affairs as regards the education of medical students in London has now reached a crisis which for some years has been threatening. Owing to two principal causes, to the establishment of provincial universities with medical schools causing a falling off in the number of entries at the London Schools, and secondly to the great increase in the cost of education in the preliminary studies and physiology, it has come about that the average cost of each student has increased to such an extent that the fees he pays no longer cover the cost of his education. In this way the financial condition of all the medical schools in the metropolis has been strained to such an extent, that with many of the smaller schoo's the strain has reached the breaking point.

To meet this increasing cost, in all the ten medical schools of London which are unattached to colleges for general higher education, financial help in some form or other has been given to the school by the hospital of which it forms a part, the hospital authorities in each case having recognised the importance of the school to the hospital, and the immediate loss of prestige and financial support which the hospital would suffer, were the school to be entirely dissociated from it. The inevitable result has followed, that those unscrupulous persons who for years have been attacking the great hospitals of London for their association with research in medicine and in physiology have been afforded another stick to beat the hospitals with by attacking them on the ground of misappropriation of the funds supplied by the charitable public. It is now familiar probably to most of us how the authorities of the King's Fund have taken the matter up, and, acting on the recommendation of their Committee, have decided that they can no longer support any hospital which after the end of this year diverts any of its funds towards the support of the medical school. Hence the financial crisis, which has been slowly threatening for some years, has become acute, and already two of the smaller schools have been forced to abandon entirely attempting to teach the preliminary and intermediate studies. Yet out of this apparent evil good will eventually result by the forcing of public attention upon the conditions under which medical education has existed, and by the provision of a large University teaching centre for the study of the preliminary and intermediate subjects of chemistry, biology, physics, pharmacology, anatomy, and physiology, leaving clinical and practical medicine, surgery, and pathology to be taught where only they can be taught, at the hospitals and hospital laboratories. The growth of the twelve separate medical schools in London is one result of the abstinence of the State from all money grants towards higher education, leaving the question entirely to the haphazard chance of private munificence and farsightedness to provide the means necessary for this purpose. Not only is almost the whole scheme of higher education in England eleemosynary at basis, but the scheme for charitable relief of suffering has also largely been left to individual effort, and it is in this way that the twelve great hospitals and medical schools of London have grown up as separate foundations, with no scheme of joint management or control. The time has now come, however, to set our house in order, and to fritter away no longer the unrivalled advantages for clinical material which London possesses over all other cities. If we look around and observe what other university centres in this country or the continent are doing in medical education, we are forced to the inevitable conclusion that in centralisation of teaching lies our remedy, instead of wasting our strength in twelve separate and distinct ineffectual efforts. The annual entry of medical students in London has sunk from 700 to 400 in recent years, whilst in Paris, less than half the size of London, there are more than double the number of students. What is the cause of this enormous falling off in our numbers?

Partly it is due to the competition of provincial universities and medical schools, but largely it is due to the extraordinary tangle of competing medical qualifications in London, combined with the exceptional difficulties in obtaining the degree of Doctor of Medicine of the London University. A medical degree entitling a man theoretically and socially to the title of doctor is an undoubted asset in practice, and it is grossly unfair that some should have this right over others whilst the public insist on applying the term doctor to all medical men alike. The remedy that is urgently necessary and that is bound to come in time, is that we shall be prepared to fall into line with the march of the times and do as other countries are doing, and establish one State-controlled examination in the final medical subjects, the passing of which shall entitle a man to registration with the degree of M.D. or Doctor of Medicine. Such an alteration of the existing law has indeed been already provided for in the new Bill to be promoted in Parliament by the British Medical Association. Let us sweep away entirely the cumbrous qualifications of the Royal Colleges in London, Edinburgh, and Dublin, the Faculty of Physicians and Surgeons of Glasgow, and of the Society of Apothecaries of London, and the Irish Apothecaries' Hall, and establish this one portal to the profession of Medicine, which shall be managed locally by the different existing Universities. How is it possible to appease the vested interests of these ancient corporations, and adapt existing machinery for the changes that are required? I will content myself here with merely suggesting an outline, that the different University centres should be allowed to compete against each other as hitherto, but that in no city shall there be more than one such centre. That all medical teaching in such a centre be affiliated to and carried on under the ægis of the local Univer-

* The Introductory Address delivered at the opening of the Winter Session, St. Mary's Hospital Medical School, October 2nd.

sity, and that the sole medical qualification for registration shall be the M.D. degree conferred by that University, whose final examination for such degree shall be a State-controlled examination, held at regular intervals at the same time and of identical character in the different Universities. Thus in London the University of London should be the sole centre for medical teaching, and that all such medical teaching be adapted towards one end in view, viz., the passing of the State examination carrying with it the right to the M.D.Lond. degree. The Royal College of Physicians and of Surgeons, and the Society of Apothecaries must become affiliated with the University of London, their vested interests being compensated by an arbitration award as to their share of the fees payable for the degree, based partly on the relative proportion of students qualifying at each in recent years. The higher qualifications of F.R.C.S. and of M.R.C.P. might still with advantage be left open to examination as at present, under the management of the respective Colleges, open to any holder of the M.D. diploma of any University of the United Kingdom. The medical corporations almost certainly will block all progress on this line at first, yet if once the central University teaching is established, and the University of London medical degree is there made the ordinary definite goal at which a student naturally aims, then the decreasing numbers of candidates for the Conjoint diplomas will force these bodies into line and pave the way to their acceptance of the principle of the one portal to the profession, that of a State-controlled university degree. Such a scheme may seem Utopian to many, but it is bound eventually to be accomplished. Meanwhile in London we may prepare the way and improve our position enormously by (1) a centralisation of the teaching of the preliminary and intermediate studies, under the University of London as a teaching centre, with the systematic direction of all the class teaching towards the definite goal of the University of London medical degree; (2) an amalgamation scheme of all the chief general and special hospitals of London for clinical instruction, so that every student may have free access to all available clinical material.

No Parliamentary powers or alteration of existing statutes are necessary for this portion of the scheme, but what is necessary is the raising of sufficient funds for the housing and equipment of the necessary laboratories and classrooms. One such centre only should be aimed at, there is no necessity for three or more centres, as has been suggested on account of the wide area of distribution of the London hospitals. Students in these preliminary years need never go near a hospital, and, similarly, after they have passed the intermediate examinations there will be no need for their return to the central University, save for their final examinations. It seems hopeless in this country to expect a State grant in the furtherance of such an object, although in other countries, such as France, Germany, and Austria so much is done for university education by the State. A recent bill before the Austrian Parliament brought forward by the Prime Minister devotes over one million sterling for the purposes of higher education, chiefly for medical teaching, including the cost of several necessary buildings in Vienna, Prague, and Cracow.

Abroad the hospitals as well as medical education are provided for by the State. In this country the majority of hospitals and the whole of medical education have no such assistance. Compare the effect of the different systems on both. Abroad the hospitals are less well equipped, and the patients are more crowded together and their comforts are far less considered than here in England, while there the medical teaching is fully provided for by State-aided universities, with the laboratories and all necessary endowment and equipment for research, which here has to be paid for by the student—or by his teacher. How is it possible for medical education in this country to be as efficient as in those enlightened countries, since all the money here is spent on providing comforts, nay luxuries, for the patients, and nothing at all on the provision or furtherance of the medical knowledge necessary for their treatment, for hard words are said if any of the funds are diverted towards this most necessary end? We are told that medical men obtain lucrative practices, and that, therefore, their education should be paid for by themselves. What of the Army, Naval, Indian, and Colonial Services, the poor law infirmary service, the parish medical officers, school inspectors, asylum and fever hospital and public health officers? Has the State no responsibility at all for their training? Unquestionably, though it has hitherto been practically shirked. How large a proportion moreover of every medical man's practice is gratuitous and unremunerative! Not that I would complain too much of that aspect of the question, because therein lies one important distinction between a trade and a liberal profession such as ours. Yet this fact adds point to the claim that medical education needs financial support, if it is not to come from the State, as it ought, then by charitable endowment. For the present this may be met, and is being met, by the establishment at several hospitals of separate funds, inviting public subscription to the endowment of medical education. Any large response, however, now of this character will only serve to perpetuate the evil now existing of a multiplicity of inefficient schools, and thus retard the full development of the University scheme which is so necessary for the achievement of the best results.

The public in this country, or at any rate a very large section of it, does not seem yet to have recognised the vast importance it is to their own health and comfort to promote medical education. A small but noisy section of old women, of both sexes, has done its worst to retard the progress of research, but there is no real danger to be feared from them, indeed, quite the reverse, for they only help in directing the public attention to the cause we are now advocating, and which cannot fail to ensure the intelligent sympathy of the people as soon as they can be persuaded to make themselves familiar with the question. Far more is there to fear from the apathy and content with existing conditions of the public at large, for until their interest is really aroused, there is little prospect of serious reform. Before the necessary reforms in medical education can be accom-

plished, it will be essential to bring home to the public mind in no uncertain manner how necessary it is to their own interests that the education of the medical man, who in their time of illness will be called upon to save them from pain or even death, should be bound to pass through the most strict and arduous scientific preparation possible, to enable him to cope with the inevitable difficult problems he will be called upon to face in practice. The public themselves then, for their own interests, should insist that no medical man should be placed upon the register until he has passed a most strict and searching examination in all branches of his profession, and though the General Medical Council are doing their best under present conditions to ensure this result, the only really satisfactory method of achieving this is the establishment of one portal only to the profession, through the medium of a State-controlled examination. The necessary standard for such an examination should be made as high as possible, and it is undoubtedly necessary that the minimum time for medical study should be further extended from five years to six, as it will be in Germany after the end of this year. This extra year will have to be spent in further clinico-pathological study, and the holding of appointments, and how necessary this is must be obvious when the public are told that at present, though three years are spent at the commencement in the preliminary and intermediate studies, only two years are actually spent in the clinical and practical study of disease in the hospital and its laboratories, far too short a time in which to absorb the knowledge and experience that are absolutely necessary before the newly-qualified medical man is let loose upon the world. This then is what should be brought home to the public, that, in order that in their time of illness they may get the best medical advice and treatment possible, they should insist that the medical student should pass through a course of at least six years of the best obtainable scientific medical training, and at the end of it pass the State final examination before being admitted to the register. In this way the general average of ability and knowledge of the medical practitioner must be considerably raised, all for the advantage of the public themselves. How can such a better class of men be attracted to enter the profession under these more arduous conditions? Clearly by making the conditions of medical practice itself more attractive, by the removal of the heavy grievances and disabilities which at present bear so hardly upon the majority of its members. The three most important of these which call for urgent attention are:—

(1) The making illegal of unqualified practice.
(2) The prevention of Hospital abuse.
(3) The regulation of contract medical practice.

In the suppression of the first of these the medical profession is powerless without an amendment of the Medical Acts. In their new Bill to be promoted in Parliament the British Medical Association have inserted a clause which ensures this much wanted safeguard to the public. No one wishes to interfere with the free right of any member of the public to consult or be treated by whomsoever he likes, so long as no one unregistered is permitted to charge fees for such advice and treatment. At the present time, so long as any quack or other unregistered person does not pretend to possess a medical qualification, he is allowed by law to treat all and sundry, who are foolish enough to go to him, for any fees he can extract. He is bound by no rules or traditions, and may advertise himself and his wares by sandwichmen, or in the newspapers to any extent. Nor has he any sense of honour towards his patients, but practises his trade as a trade, to extract the last shilling he can get. Now the law protects the public against themselves by making it illegal for fortune-tellers to ply their trade for gain, though innumerable members of the public, in high and low society alike, have been and would continue to be their patrons. This is made illegal under the heading of obtaining money under false pretences, though none of the clients suffer except in their pockets, having satisfied their innate craving for the supernatural and unknown. How much more necessary it is for the law to prevent this same craving after the supernatural from being satisfied in those who would allow not only their pockets to be robbed but their bodies to be medically treated, often irretrievably damaged, by persons who assert the possession of powers and of wisdom unattainable by others, yet who have never proved their ability and knowledge! It is for the sake of protecting the public more than for the prevention of this unlicensed robbing of the medical profession that the passing of this amendment of the Medical Act is so urgently necessary. Another important reason why we should wish it to become law is because of the methods of advertisement of these unlicensed persons, which cannot but tend to degrade the medical profession itself in the eyes of the unthinking public. The ancillary forms of medical treatment, such as massage, electrical treatment and X-ray work it would be wholly impossible, and I think inadvisable, to restrict entirely to registered medical practitioners. That they should be controlled by the medical profession is, however, sufficiently obvious, or quackery would flourish as at present. The remedy I would advocate is that the General Medical Council should have the power to license such masseurs and electricians, after due examination, and that they should be allowed only to treat patients sent them by medical men, an arrangement which is already working well in practice in several such cases, while the fees payable by the candidates should pay the expenses of the examination. The General Medical Council should have summary powers of withdrawing such licences upon proof of irregular practice, and of prosecuting the offenders under the Medical Acts. Here I feel I shall encounter the strong opposition and criticism of a small class of medical men who would restrict electrical treatment entirely to registered practitioners. I cannot, however, agree with them entirely, though I sympathise fully with their complaints of the unlicensed inroads at present of so-called medical electricians. Systematic electrical treatment may frequently be perfectly well administered by nurses and others under the supervision of a medical man, and I consider that the making illegal of unlicensed practice would meet the difficulty, and smooth away all real opposition. One

class of unlicensed practitioner, the prescribing chemist, is difficult to tackle, because he does not sell his advice, but his nostrums. So long as it is the frequent custom, as it is at present, for medical men to dispense their own medicines, the prescribing chemist thinks himself no greater a sinner on the other side of the counter. Here again I know my contention will be violently opposed, that no medical man should be permitted to dispense medicines, nor to keep a dispenser, except under exceptional circumstances, such as in those sparsely populated country districts which would not be able to maintain a dispensing chemist's shop. This is the law in Germany, and no one can deny, if he answers his conscience fairly, that to dispense one's own medicines leads to inaccuracies in dosage, to slovenliness in prescribing, and often to the unconscious substitution of the cheaper drug, when there is an alternative, because of the cost. It is derogatory to a splendid liberal profession to combine with the art of healing the trade of compounding and selling pills, potions, and plasters, a relic of the old apothecary days before medicine was a science and the chemistry of drugs had become a study in itself. In return the dispensing chemist would be less inclined to prescribe when he knows that the patient, whatever doctor he goes to, will have to come back to get his medicine. Another regulation, also made in Germany, would suit us very well, that repetition by the chemist of a prescription of drugs for internal use is forbidden, unless so expressly stated, and for how often. All these changes would be primarily to the benefit of the public, in ensuring their obtaining carefully compounded medicines, with no risk of necessary drugs being omitted because of their slight extra cost.

If the General Medical Council, or other body entrusted with the defence of the rights of the medical profession, is to properly undertake this defence and prosecute illegal practitioners, their powers must be fortified by the sinews of war, and it will be necessary to largely increase the fees payable on registration by medical men. This might well be raised from five to twenty-five pounds, an increase far more than compensated for by the additional safeguard to the profession by the removal of unqualified practitioners from the field.

The evils of hospital abuse and contract medical practice, with the hardships they bring upon numbers of hard-worked medical men, have been freely ventilated in the medical press, and we will say little more about them here. This particular question of reform in hospitals concerns almost entirely the out-patient department. This, it has been urged, and rightly we think, should not be made the house of call for a bottle of medicine for all and sundry, that it is to a great extent at present. We would like to see the out-patient consulting rooms used as true consulting rooms, to which only those cases should be admitted that are sent up for diagnosis or treatment by medical practitioners. To promote this end the provident dispensary system will have to be largely extended, with a sliding scale for the more well-to-do patients, who should pay for a year's attendance upon themselves and family half a week's wages, or one per cent. of their income.

A movement recently set on foot for the establishment of municipal crêches, where the infant children of the poor should be tended and fed during the working hours of the parents, is a most necessary and valuable advance in social economics. It would, however, be a great gain in every way if these crêches were to be managed through the hospitals, the necessary medical and consultant advice being available when needed, besides the advantage which the intimate connection with a hospital would confer in the immediate admission into the hospital of urgent cases. Such crêches should not be too large, several small ones being established instead of one large one, on account of the great risk of the dissemination of infection. Here classes could be held and young women trained in the management and feeding of infants and young children, and I would like to see a law passed that every girl, of whatsoever grade in society she belonged to, should attend a course of such classes, and further, that it should be illegal for any girl to marry until she possessed a certificate of attendance at such classes and of proficiency in the management and feeding of babies and young children.

There is no such fool, perhaps, as he who gratuitously prophesies. Yet I venture to look forward through the years that are coming, and I think I can see a vast improvement in the conditions of medical practice. Medical education will be fully endowed, and after passing through a minimum of six years' course of study, there will be only one portal to the profession, the State examination, carrying with its successful negotiation the M.D. degree of the University where it is held. The medical man of the future will be altogether a better educated and more scientific man even than now, and will take a much more dignified position in society, for he will no longer dispense medicines, and unqualified practice will be punishable by the law, while hospitals will be truly consultant institutions, and not competitors with the local practitioners for the pence of the poor. You, gentlemen, who are now entering upon your medical studies at the commencement of the transitional stage, I invite to earn your inheritance in the future London School of Medicine by steady and honest work in the acquirement of your profession. Take each of you Carlyle's advice, and "make yourself an honest man, and then you may be sure that there is one rascal less in the world."

The Entrance Scholarships, 1905.

The Entrance Scholarships have been awarded as follows:—

Open Scholarship in Nat. Science.

£145 and £78 15s.

T. Hare and D. Scurlock (equally divided).

£52 10s.—J. Menzies.

£52 10s.—A. G. H. Lovell.

University Scholarships.

£63 each.

A. Hamilton, Christ Coll., Camb.

R. Knowles, Downing Coll., Camb.

The Annual Dinner.

The dinner was, as usual, held in the Whitehall Rooms at the Hotel Mêtropole, on October 2nd.

DR. CAREY COOMBS (Senr.) was to have occupied the chair, but was prevented from doing so by illness, his place being ably taken by Mr. Herbert Page. The general arrangements for the dinner were excellent, and, as last year, a great feature was the curtailment of the speeches both in number and length. The guests present included Dr. Phillips, Dr. Luff, Mr. Lane, Dr. Caley and Mr. Collier, who took the heads of the tables, Mr. Henry Harben, L.C.C., the Chairman of the Hospital Board, Dr. Franklin Parson, Dr. Thornton, Dr. Jackson, Mr. Edmund Owen, Dr. Bisdee, Mr. Morton Smale, Mr. Graham Little, Dr. Lees, Mr. Pepper, Dr. Scanes Spicer, Dr. Alcock, Dr. William Hill, Dr. Ridewood, Dr. Stevens, Dr. Handfield Jones, Mr. Low, Dr. Guthrie Caley, Dr. J. S. Collier, Dr. J. Broadbent, Dr. F. J. Poynton, Dr. Wilfrid Harris, Mr. Clayton-Greene, Dr. Willcox, Mr. Davis, Dr. Dawe, Dr. Langmead, Mr. Ryan, Mr. Matthews, and about 100 others.

After the Chairman (MR. PAGE) had proposed the Royal Toasts in a few words, he proceeded to give the Toast of the evening, "St. Mary's Hospital and Medical School." He expressed the great regret of the meeting at the absence of Dr. Carey Coombs and its cause, and instructed the Secretary to send a telegram to that effect. He also regretted that Dr. Coombs' distinguished son was unable to be present. After reading a telegram of good wishes from Sir Anderson Critchett, he expressed his great pleasure at the unexpected privilege of again occupying that chair. Under the circumstances he did not feel called upon to make a formal speech, but was going to hold a quiet and friendly confabulation with his old friends on the past, present and future of St. Mary's. He alluded gratefully to the enormous changes that had taken place both in material and in spirit in the Hospital and School, instancing the old and new Out-Patient Departments. But the most striking change was the fresh and firm alliance between the two bodies. In the old days the School was rather looked upon as an incumbrance, a necessary evil, now men of position and influence interested themselves in its welfare. In this connection he first coupled with the toast the name of Mr. Harben, one of St. Mary's benefactors, who had gathered round him similar men to interest themselves in our welfare. The speaker then indulged in some amiable *badinage* as to the old and new positions of the physician and surgeon—and of the appendix. He did not agree with Clifford Allbutt however, that in future we must all be "operating persons;" there would arise a new occupation for the physicians, the determination of phagocytic indices and injections of "stuff called Opsonine!"

Another great sign of the present day was the higher intellectual sense that was apparent on all sides, this was especially shown by the Universities that were springing up everywhere. He confidently expected that the resuscitation and rejuvenation of London University would alter the whole aspect of medical education, and he hoped that ere long every student in London would be an undergraduate of its University, the one and only teaching centre. Was St. Mary's fitting herself for this intellectual advance? He thought yes; she now cared for quality more than quantity, and in this regard he at once thought of the Deanship of Dr. Caley, who, though he worked his hardest to bring up the numbers of the School, at heart felt that quality was the important thing. St. Mary's was deeply indebted to his unfailing vigour and interest in both Hospital and School: in coupling his name with the toast he alluded in graceful and feeling words to Dr. Caley's recent marriage, wishing him all the happiness he could express. In an eloquent little peroration, which we regret we cannot fully report, he then gave "St. Mary's Hospital and Medical School, coupled with the names of Mr. Harben and Dr. Caley," which was received with acclamation.

MR. HARBEN, replying for the Hospital, said that the Board was fully aware of its responsibility in respect of the School, but that at present the assistance it could afford was in danger of being lessened by the edict that had recently gone forth from the advisers of King Edward's Hospital Fund. As long as students obtained a scientific education the independence or union of hospital and school was a matter of indifference, but he protested strongly at the recent action which was taken at the instigation of a few fanatics who knew little, and cared less about medical education, and had no new proposal to make to further its ends. The one alternative left us was the training of the new London University; this scheme was excellent, but means were not to hand for that end; it was a question of money, and at present the University was not equipped and endowed sufficiently to give such a training. It was, therefore, premature to say that an end should yet be put to the present system. As our opening lecturer pointed out, no school in London was sufficiently self-supporting to be able to afford adequate remuneration to its teaching staff. The public systematically refused to take an active interest in medical education; universities and public schools were endowed, elementary schools State and rate-aided, but no one gave a thought to medical schools. He thought that many of the public let this matter rest, as they felt that medical education was safe in the hands of the Hospitals, and (as a result of personal enquiry from many hospital subscribers) that most of them would be quite content to leave the hospitals to appropriate their subscriptions in the way that seemed best to those institutions. But out of evil good might come if the public could only be made to appreciate the position of affairs and also the fact that on the scientific and thorough training of their doctors depended the health and lives of themselves and those dear to them. In conclusion he thanked the Dean for his loyal co-operation in the management of the School with that of the Hospital, and assured the former of the continued moral support of the latter, even if material help must, in future, be withheld by this arbitrary edict.

DR. H. A. CALEY, replying for the School, after cordially thanking the Chairman for his expressions of congratulation and good wishes, said that the efficiency

of the School depended on the energy of the staff, which had not been lacking during this last year. He could not forget that all the changes in the teaching staff had been consequent on the unexpected death of Mr. Silcock, who had occupied the chair in that room a year ago. He then paid a tribute to the services of Mr. Lane as Anatomy Lecturer, and said that he was foregoing that post only to take up the Lectureship in Surgery, and that in Mr. Clayton-Greene his old office had a worthy successor. Dr. Harris and Dr. Broadbent were most valued additions to our teaching staff. He would only mention a few points about the School; during the last year more men had obtained Fellowships at the College of Surgeons than ever before, the Fellows of the College of Physicians from St. Mary's now exceeded any previous number, and our recent Honours results at London University were up to a like high level. At last we had obtained two challenge cups, the Inter-Hospital Shooting Cup and the Arnold Cup, the latter won by Mr. Freeman. He was glad to be able to announce that the acquisition of an athletic ground of our own was a partly realised fact; we, in future, should share the Kensington Park Ground, which should make a great difference to Hospital games. Finally he said a word of appeal to old St. Mary's men to support the great effort being made to open and start the Clarence Wing, a most important matter, as he felt that on our rapidity of expansion the future of the School largely depended. The staff were doing their utmost for the School, which was as efficient as our resources could make it.

DR. D. B. LEES in a very happy and witty little speech proposed the health of the Chairman, to which MR. PAGE responded in a like genial manner. This finished the formal part of the meeting, which then resolved itself into many groups of old friends.

The following telegram was sent during the evening to Dr. Carey Coombs, at Castle Cary, Somerset:—"General regret at your absence and its cause, best wishes for your speedy recovery, from St. Mary's Dinner."

St. Mary's Hospital Football Clubs.

RUGBY.

ST. MARY'S HOSPITAL *v.* HAMMERSMITH.

At Barnes. The Hospital had a very weak side out. The game was very scrambling and everyone had had enough shortly after half-time. Our backs were very good and dangerous whenever they got the ball. Louwrens was in great form and no one seemed to be able to hold him. Ollerhead and Hawkins did well at three-quarters. Taylor is already in good form. Forward the packing and heeling was simply atrocious. A few scrum practises will, no doubt, correct this. A pleasing feature of the game was the keenness of Harrison and Ollerhead in turning out, though out of their year; while Hawkins, though seedy, shaped well at three-quarter and made one great run. Louwrens scored all 3 tries and Galpin converted 2 of them. Hammersmith got over once and converted.

ST. MARY'S HOSPITAL "A" XV. *v.* MERCHANT TAYLOR'S SCHOOL.

This was played on Wednesday, Oct. 4th, and proved most disastrous. Our opponents were much quicker and in far better condition than we were, as the score showed—4 g. 2 t. to *nil*. Our forwards were unfortunate in being a man short, and at half-time also lost Boyd, who had received a severe kick in the back.

Our Team.—F. W. Quirk, H. L. Barker (Capt.), G. Maurice, W. R. Taylor, A. Bitchelor, T. E. L. Johnston, A. W. Duncan, H. E. Finlaison, T. C. C. Evans, K. A. Lees, M. C. Mason, J. E. M. Boyd, W. A. Vincent, R. B. N. Reade.

ST. MARY'S HOSPITAL 2nd XV. *v.* WIMBLEDON "A."

Played on Saturday, Oct. 7th, at Wimbledon. This match was lost by the atrocious packing of the forwards. It is true that many of them were unfit and had to play 40 minutes each way; but, making all allowances, the scrimmage was a fearful sight. The ground was a portion of the roughest part of Wimbledon Common, but it seemed to suit our opponents, as by "vigorous" play they managed to score eight points before half-time. Then our forwards seemed to realise what they were for and heeled the ball out to our three-quarters nearly every time, who consequently managed to get in some very pretty runs. Barker had especially hard luck. He was all but in, then caught his foot in a huge tuft of coarse grass and nearly disappeared down a rabbit-hole. Another good bout of passing enabled Burdett to score in a particularly smart way, and the try was converted, the final score being 1 goal to 1 g. 2 tries.

Our Team.—F. W. Quirk, H. L. Barker (Capt.), J. H. Burdett, A. Wilkinson, R. Knowles, J. E. L. Johnston, C. R. Peaty, A. Straton, C. T. Edmunds, W. H. Vincent, R. B. N. Reade, A. W. Duncan, R. S. Graham, A. H. Thomas, H. E. Wall.

The Rifle Club.

Rifle shooting is apparently out of date at this time of year, so that nothing has been done in that line since July that will affect the Hospital any more than the assiduous practice of two men on fine days. To begin where we left off last July, the prospects we put forward have been well fulfilled, St. Mary's winning the Bisley Cup easily, a result that well repays the *esprit de corps* of our team, a valuable asset from a working point of view. At the Prize Meeting of the United Hospitals R.A. Mary's men won 5 firsts, 3 seconds, and a few other prizes, out of seven events: Freeman winning the Arnold Cup, which, with the Bisley Cup, is now adorning the Hospital Library.

Arnold Cup—J. Freeman, 1st ... 96
J. McIntyre, 2nd ... 94
Handicap—A Fleming, 1st... ... 106
Long Range—J. McIntyre, 1st ... 31
Aggregate—J. Freeman, 1st.
J. McIntyre, 2nd.
Reserve Prizes—O. Heath, 1st.
Next best Aggregate who have no prize in above—A. Wilkin, 2nd.

In the open shoot through St. Mary's seven representatives were all in the first dozen, there being about 26 competitors who sent their scores in.

Next year shooting will re-commence about the middle of May, and it is to be hoped there will be some new men to replace men who may get qualified during the ensuing winter, and thus get too far away to shoot for us.

There is still one match ahead, the U.H.R.A. *v.* Sandhurst Royal Military College, on 28th October; we shall help to make up the team.

On the Trail of the Serpent.

(*By our New Reporter.*)

Acting on the instructions of my impulsive Chief—whose impulses generally affect other people's comfort more than his own—I did it. The net result to me is that I'm lying in Prince's with a face the colour of a piece of boiled note-paper and a blood-count somewhere below 200,000. However, I have just strength enough to write down the facts of that awful interview. But I anticipate. It began like this. "I hear," thundered the great man at me, "that a specimen of the specific Spirochæte of Metchnikoff and Roux has found its way into this village, and is in the custody of the Teatological One; you will immediately proceed to the Opsoninnery and obtain full particulars of its habits for the October number. Go—smart." "Wright oh!" said I, and jumped. I knew it was no use explaining that I didn't know a Spirochæte from an elephant (they can only afford first-year reporters), and as I made my way through the tortuous outskirts that lead to the Sanctum Sanctorum, I chewed it over. "Spirochæte—Spirochæte"—"Spiro" must be something curly, and I suppose "chæte" 's a fraud (I was on the Modern at school). Spiro—chæte—Curly fraud—Great snakes! I have it; of course its the Sea-serpent"! and I joyfully remembered that the Irish Press had vouched for the capture of a genuine specimen during the silly season, but that it had proved to be of such microscopical size that, doubtless, it had been sent over for a skilled opinion as to its authenticity. Feeling myself on *terra firma*, I knocked with confidence, but getting no response, I plucked up my courage and entered. Three figures were seated at a long bench, each bent over a microscope, whilst the shrilling whir-r-r of a geared-up centrifuge alone broke the silence—save for an occasional exclamation of surprise from one of the workers. "Well my friend—three-five-4-6-8-10-12-sixteen—three-four-one—what can I do for you?" said the corner figure without looking up, but with the even tones in his voice and genial twinkle in his unoccupied eye, that assured me I was being addressed by the Teatological One himself. "If it isn't too much bother," I replied, "I've come to ask you about the sea-serpent." "Come here for Facts, my friend," he replied, "and not for miasmata of a diseased Imagination." "But the Editor told me you had one—at least a Spirochæte—isn't it the same?" With his smile deepening he gently and kindly enlightened my ignorance. "Oh, that'll do just as well—can I see it?" said I, looking round eagerly. "It's in my waistcoat pocket and takes half-an-hour to find, there's only about one on the slide—however—but stop a minute," and mechanically picking up a glass stiletto, he rapidly and deftly punctured each of my fingers in turn, holding a test tube under them to catch the ruddy fluid that poured forth *pleno rivo*. (The Editor put me up to that sentence. I like to be honest.) "Half-a-mo." said I, relapsing in my excitement into an obsolete phrase, "is this usual?" "Quite," said a deep voice behind. I looked round quickly and saw a tall, dark, handsome young man whose fingers seemed to have been picking blackberries, approaching me with a bandage and a thing like a beer-tap with a spike at one end. "Great scheme, Prof." said he, "estimated at a pint per head, we'll try it on this one." "You're a very Free man with other people's blood," I said. "We want all ours to keep us warm when other folk are in bed," he replied genially, and lashing the bandage round my arm he plunged his infernal machine into my median basilic vein (*I* wrote that myself, I'm dissecting an arm). Out rushed a jet of my best and brightest. "Help," I shouted, beginning to feel dizzy, "Saline, please," said my tormentor, and to my surprise and comfort began to pump hot stuff into my contralateral extremity (that's the Editor again) with a pointed squirt thing. . . . When the second pail had been removed to the centrifuge I just heard the words "Better give him some Calcium—" and then all was oblivion. I don't know how many hours later I woke up in the ward and heard Nurse say, "Now Mr.——— its time to take your Iron Tonic." These are the facts. If the Editor knew what I was in for I am unable to find adequate expression for my opinion of his conduct.

The Gilded Pill.

"There are many others (*i.e.*, clues) . . . a thumb imprint, etc.—to find which one need only read Conan Doyle or a detective story." *p. 13.*

"For patches on boots, blood, or substance into which a bare foot had been placed, etc., see detective stories," *p. 14*, "*Students' Manual of Medical Jurisprudence.*" *by G. Haxton Giffen, L.R.C.P. & S.E.*

All ye that burn the midnight oil,
Your brains with text-book knowledge storing,
Night in, night out, with ceaseless toil
On musty dust-dry volumes poring,
Rejoice, no longer have you need
Your mental muscle thus to stiffen,
Reform your ways and give you heed
To great and glorious Mr. GIFFEN.

For in his little book of cram,
  With which—we blush—we late were wrestling,
(Anticipating an exam.,)
  We found this priceless jewel nestling.
The gem, we trust it will be seen,
  A trope (or figure) trite and terse is
By which we simply beg to mean
  The text that heads these humble verses.

So kindly lift your noble eyes
  And at our heading take a shrewd glance,
Therein a road right royal lies
  To learned realms of Juris-prudence.
Then cast aside the weighty tomes
  Of Dr. Luff and Dr. Glaister,
And sit you down with Sherlock Holmes,
  Of *his* ripe fruits to be a taster !

Or if you would your mind apply
  To gun-shot wounds and sword-cuts, far less
Than you suppose need you rely
  On Messrs. Treves, and Rose and Carless.
Nay, cast such dry scholastic props
  With physic to the dogs, and settle
To learn the lore of shots and chops
  From Chronicles of Captain Kettle.

Perhaps, again, you spend your nights
  With Lewers, Galabin and Herman,
Or even climb the dizzy heights
  Of *Arch. für Gynäk.* in the German.
Forego such works, and seek with haste
  George Egerton and Lucas Malet ;
" Keynotes " and " Calmady "* will taste
  Less drily to your mental palate.

The man who studies Osler now,
  Or Allbutt, is a crusted Tory,
New gods are these to whom we bow—
  The *Daily Mail's feuilleton* story—
The *Tit-Bits* novelette—the tales
  Of Mrs. L. T. Meade—and meekly
Our jaded, faded science hails
  The genius of *Pearson's Weekly.*

For who but they with one swift glance
  Can always diagnose " Brain-Fever,"
Or wake their heroine from the trance
  In which we really hoped they'd leave her ?
" Aphasia " may be somewhat tough
  When worried out from Fagge or Bristowe,
You'll find it very different stuff
  In that enchanting " Monte-Christo."†

And so 'tis clear the time has come
  When classic authors' days are numbered,
And every text-book will become
  A *rara avis* (that's a rum bird).
On glorious GIFFEN there devolves
  The grateful tribute of a nation,
Because he thus for ever solves
  The problem of our education.

J.B.R.

* First Edition. † "The Count of Monte Christo," Chapter 59.

Reviews of Books.

A MANUAL OF MIDWIFERY FOR STUDENTS AND PRACTITIONERS. By Henry Jellett, B.A., M.D. (Dub.), F.R.C.P., I.L.M. Ex-Assistant Master Rotunda Hospital, etc., with Assistance. Fully-illustrated. London : Balliére, Tindall & Cox. Pp. vii. & 1157, £1 1s. net.

This, the latest publication of the University Series, is in our opinion the best of that series that has appeared. The names on the title-page speak eloquently for the soundness of the teaching, for Dr. Jellett is associated with four other distinguished members of the Dublin School. But whilst it may be at once said that the text-book is the last word the Rotunda has to say on Midwifery we would not have it inferred that other doctrine is excluded from these pages. In every subject where controversial matter exists the case for and against is fairly stated, and in our opinion the Dublin methods generally soundly vindicated. We quote as outstanding instances the chapters on the Bacteriology of the genital tract and the resulting condemnation of routine douching, and the chapter on the treatment of Accidental Hæmorrhage by plugging ; we hope that no candidate will ever again be referred for advocating this excellent method in an examination. We also endorse Dr. Jellett's plea for the prior claim of Dublin in the so-called Credé method of expelling the placenta.

The one fault of the book as a text-book is its extreme length, and we fear that in this it may to some degree defeat its own object. It is obvious that its author was determined nothing should be omitted, but he spends more words over elucidating some points than are necessary to explain his subject to a man of average intelligence, and this makes an otherwise admirably written book somewhat stodgy reading in places. However there are a few interesting anecdotes to counteract dulness, from which we may quote that of a lady (American) who never menstruated except when pregnant.

An excellent anatomical introduction leads to the Physiology of Pregnancy and Labour. In this connection we note the author is inclined to discard the four classical fœtal positions of Naegele and recognise only two, back to left and right respectively, with back in front and behind as sub-divisions. We do not like this arrangement as well as the older and usual one which Dr. Jellett gives as an alternative. The importance of abdominal rather than vaginal examinations is thoroughly insisted on and its teaching is helped greatly by excellent diagrams. A short account of the puerperium is followed by the Pathology of Pregnancy, in many respects one of the best sections in the book. The chapter on heart disease and pregnancy well repays reading. The interesting subjects of Vesicular mole and Chorion Epithelioma are fully treated, Marchand's pathology of the latter being fully accepted. There is a good discussion of Eclampsia, which however throws no new light on that very vexed question. Extra-uterine gestation is well treated, and the account of contracted pelves and the general Pathology of Labour leaves nothing to be desired in clearness or soundness. The chapter on the Surgical Fevers of Childbed might be much cut down. The remaining chapters on Obstetrical Operations and the management of the infant are up to the high level of their predecessors. The illustrations throughout, more especially Bumm's admirable pictures are really excellent

and should go far to popularise the work. We regret that we cannot notice this book more fully, but space forbids, and so we leave it with this last word that it is an admirable treaise, but, we fear, too voluminous a text-book.

A SYSTEM OF CLINICAL MEDICINE. Vol. II.—Certain General Disorders, Diseases of the Skin and Nervous System. By Thomas D. Savill, M.D. (Lond.) London: J. A. Churchill. Pp. x. and 703—1147. With two coloured plates, 8/6 net.

Over a year has elapsed since we reviewed the first volume of this work and as we then fully described its scope and plan we need only repeat that it aims at describing diseases on a symptomatological base rather than as "separate entities." More than half the book is occupied by the Nervous System and in this we fear the author's method has failed. In the first place the constant changes of type that he employs are extremely irritating and not always rational, small print being much too freely used, especially in the case of the cranial nerves. If diseases of these nerves are not of every day occurrence at least their importance from an educational point of view is very great. Again on p. 982 the author tells us that Syphilitic arterial occlusion is the commonest cause of Hemiplegia under 40, but puts the account in the tiniest type. Disseminated Sclerosis is treated in the same scurvy manner. We note Dr. Savill considers Mercury almost useless in early Tabes, and cannot agree with him in this as in sundry other points, for example, that the diagnosis of the uature of a nervous lesion is not generally difficult. He has certainly collected an enormous amount of thoroughly "Up-to-date" information and sprinkled it with some excellent diagrams, but the result is sadly indigestible and would probably cause absolute mental dyspepsia in a novice in neurology. Neither can we commend his style, such abreviations as "9 cases of hemiplegia out of 10" are irritating, and a medical author ought not to say "In spinal meningitis there is a temperature." It breeds similarly careless expressions in students. We do not wish to say that Dr. Savill writes without authority, on the contrary he has obviously a very large clinical experience and knowledge of the literature; but simply that his method is far too diffuse to succeed in such a complicated subject as neurology, at any rate if he wishes to be read by beginners. In the section on skin diseases on the contrary it strikes us as quite useful and although they are only shortly described the section serves as a sound and concise introduction to dermatology, where the separate entity system so often fails. Here again however we find loose writing. At pp. 820 an ulcer is dismissed as a "breach of surface" and six pages later a macule is compared in size to a pea. At pp. 860 we learn Kerion occurs chiefly in children, but (later) that it is commonest on the scalp *and beard*.

The first chapter is on General Debility, Pallor and Emaciation, and includes blood-diseases as well as malignant disease, syphilis, etc; the second on the extremities includes the local and constitutional joint and bone diseases. They are well written. We would suggest that the technique of Jenner's or Leishman's blood-stains should be fully described rather than Ehrlich's "tri-acid" method. The inclusion of Syphilis amongst the anaemias is somewhat unexpected. The book ends with a chapter on bacteriological diagnosis, too short to be of much practical value.

AIDS TO SURGERY. By Joseph Cunning, M.B., B.S., F.R.C.S. London: Balliére, Tindall & Cox. Pp. 359. 4/6.

This work will doubtless prove popular to men shortly "up for Surgery," but we trust none will be tempted to substitute it for a fuller work in their regular reading. It appears to owe its existence largely to a popular text-book of which it may be almost called an epitome; the author acknowledges his indebtedness, however, to two other works. As it contains no original feature save an almost entire absence of pathology, it requires no further notice.

DISPENSING MADE EASY. By W. G. Sutherland, M.B. Aberd. 2nd edition. Bristol: John Wright & Co. Pp. 104. 3/6 net.

This book is as good as any of its kind but contains nothing strikingly original which the man of ordinary intelligence could not evolve for himself or glean from various hospital pharmacopœas. We really do not need to be told that large sized wax vestas are of excellent service in sealing packages. The formulæ given make a good collection. Anybody starting surgery practice would find 3/6 usefully spent on the book. We do not think the author need publish a late house-surgeoncy on the title page; it makes us wonder to what appointments the "etc., etc.," refers.

EXERCISES AND DEMONSTRATIONS IN CHEMICAL AND PHYSICAL PHYSIOLOGY. By A. D. Waller and W. Legge Symes. London: Longmans, Green & Co. Pp. 78. 2/6 net.

This is a second part of Dr. Waller's series of Exercises in Practical Physiology, and the names of its authors will assure St. Mary's men of several past generations that it is a model of conciseness and lucidity. We accordingly recommend it thoroughly to all students of physiology, whether they use it in class or whether they do not.

Books Received for Review.

A MANUAL OF CLINICAL CHEMISTRY, MICROSCOPY, AND BACTERIOLOGY. By Drs. Klopstock and Kowarsky translated by Thew Wright, M.D. London: Rebman, Ltd. Pp. xv—296. 16 plates. 8/- net.

A MANUAL OF SURGERY. By William Rose, M.B., B.S.Lond., F.R.C.S., and Albert Carless, M.S.Lond., F.R.C.S. 6th edition. London: Balliére, Tindall and Cox. University Series. 21/- net.

CLINICAL METHODS. By Robert Hutchinson, M.D., F.R.C.P., and Harry Rainy, M.A., F.R.S.E. 3rd edition. London: Cassell & Co. 10/6 net.

HYGIENE AND PUBLIC HEALTH. By B. Arthur Whitelegge, C.B., M.D., F.R.C.P., and George Newman, M.D., D.P.H., F.R.S.E. New edition. London: Cassell & Co. 7/6 net.

Appointments.

BARRETT, H. E., L.R.C.P., M.R.CS., Senior Clinical Assistant to the Throat Department of the Hospital.
BLUMFELD, Joseph, M.D., B.C.Camb., Honorary Anæsthetist to the Hospital.
COLLUM, Rowland W., L.R.C.P., M.R.C.S., Honorary Anæsthetist to the Hospital.
COOMBS, Carey F., M.D., B.S.Lond., Physician to the Out-Patients, Children's Hospital, Bristol.
DAVIS, Henry, M.R.C.S., Senior Honorary Aæsthetist to the Hospital.
EVANS, R. D., L.R.C.P., M.R.C.S., Medical Officer of Health to the Llandilo (Carmarthenshire) Urban District.
FRAMPTON, T. H. T., F.R.C.P.Edin., M.R.C.S., Clinical Assistant to the Chelsea Hospital for Women.
GARRETT, R. R., L.R.C.P., M.R.C.S., Senior Obstetric Officer to the Hospital.
LASCELLES, J. E., L.R.C.P., M.R.C.S., House Surgeon to Mr. Ernest Lane.
MAURICE, W. B., L.R.C.P., M.R.C.S., Clinical Assistant, Chelsea Hospital for Women.
PATERSON, Marcus S., M.B., B.S.Durh., L.R.C.P., M.R.C.S., Medical Superintendent to the Brompton Hospital Sanitorium, Frimley, Surrey.
POOLEY, J. M., L.R.C.P., M.R.C.S., Medical Officer and Public Vaccinator for the Nettlebed District of the Henley Union.
REDWOOD, R. V. de A., L.R.C.P., M.R.C.S., District Medical Officer of the Redwellty Union.
ROUTLY, E. S., L.R.C.P., M.R.C.S., Certifying Surgeon under the Factory and Workshop Act for the Aldershot District of the County of Hants.
STRATON, A. W. K., L.R.C.P., M.R.C.S., Junior Obstetric Officer to the Hospital.
WHITE, R. K., L.R.C.P., M.R.C.S., House Surgeon to Mr. Herbert Page.

Change of Address.

Austin, N. H., L.R.C.P., M.R.C.S., "Allandale," Lingfield, Surrey.
D'Esterre, J. N., L.R.C.P., M.R.C.S., L.S.A., 11, Devonshire Place, Eastbourne.
Staples, Evan P., L.S.A., 63, Bryant Road, Strood, Rochester.
Symes, J. Odery, M.D.Lond., L.R.C.P., M.R.C.S., D.P.H., 71, Pembroke Road, Clifton, Bristol.
Forster, Frederick C., L.R.C,P., M.R.C.S., "Ringwood," Castlemain Road, West Southbourne, Bournemouth.

Pass Lists.

UNIVERSITY OF LONDON.

PRELIMINARY SCIENTIFIC EXAMINATION.

Part I. (Inorganic Chemistry, Experimental Physics, and Biology.)
T. Hare, D. Scurlock.
J. Menzies (*Experimental Physics and Biology.*)
G. V. Hobbs, M. C. Mason, H. H. Tanner (*Experimental Physics.*)
R. A. Parsons (*Biology.*)

Part II. (Organic Chemistry.)
T. C. Evans, A. G. H. Lovell, H. H. Tanner.

INTERMEDIATE EXAMINATION IN MEDICINE.
H. L. Barker, W. Chesters, D. W. Daniels, E. J. C. Dicks, J. E. L. Johnston, G. E. Oates, H. G. Willis.

CONJOINT BOARD EXAMINATION.

FIRST EXAMINATION.

Chemistry and Physics.
H. S. Mason, T. R. Davey, S. B. Depree, E. G. P. Faulkner, H. E. B. Finlaison, R. J. Wooster, S. A. Day.

Practical Pharmacy.
S. A. Day, F. M. Harvey, R. H. S. Marshall, F. A. K Stuart, A. A. Lynch (*Mat. Medica.*)

Elementary Biology.
H. S. Mason, A. A. H. Cowdroy, R. A. Parsons, J. R. Roxburgh, H. J. A. Tootal, H. D. Brown.

SECOND EXAMINATION.

Anatomy and Physiology.—C. G. Galpin.

FINAL EXAMINATION.

Midwifery.
G. H. U. Corbett, H. S. Hollis, H. A. Lash, J. J. Louwrens, T. J. Jenkins, F. W. Hobbs, E. T. H. Davies, R. de V. King, A. R. Litteljohn, W. A. E. Dobbin, C. Lillingston, L. H. Goh, E. Beaton.

Surgery.
R. A. Bryden, C. T. Edmunds, S. Field, V. G. Johnson, G. P. C. Claridge, A. L. Jones.

Medicine.
H. G. Phippen, J. E Lascelles, G. H. U. Corbett, H. S. Hollis, G. A. Bradshaw, R. A. Bryden, F. C. J. Baker, W. S. Mitchell, H. Bevis, H. C. Mulkern.

L.R.C.P., M.R.C.S.
J. E. Lascelles, H. S. Hollis, G. A. Bradshaw, R. A. Bryden, F. C. J. Baker, C. T. Edmunds.

The Services.

ROYAL NAVY MEDICAL SERVICE.

Staff-Surgeon B. F. Parish, L.S.A., has been appointed to H.M.S. "Ariadine," on re-commissioning.
Surgeon J. D. Keir, L.R.C.P., M.R.C.S., has been appointed to H.M.S. Woodcock," August 22nd.
Surgeon L. Lindop, L.R.C.P., M.R.C.S., to H.M.S. "Ganges," for Shotley Barracks.
Surgeon E. C. Sawdy, L.R.C.P., M.R.C.S., has been appointed to H.M.S. "Hague," Sept. 19th.
Surgeon C. R. Worthington, L.R.C.P., M.R.C.S., has been appointed to H.M.S. "Powerful."

ROYAL ARMY MEDICAL CORPS.

ENTRANCE EXAMINATION.

R. A. Bryden, L.R.C.P., M.R.C.S.
E. G. Anthonisz, L.R.C.P., M.R.C.S.
G. E. Ferguson, L.R.C.P., M.R.C.S.
(40 Vacancies, 60 competed.)

CHANGE OF STATION.

Captain J. I. W. Morris, L.R.C.P., M.R.C.S., from Belfast to Armagh.
Captain R. L. Argles, L.R.C.P., M.R.C.S., from Bulford to R.A.M. College.
Captain G. B. Crisp, L.R.C.P., M.R.C.S., from R.A.M. College to Netley.
Captain B. F. Wingate, L.R.C.P., M.R.C.S., from Aldershot to R.A.M. College.

Captain P. S. Lelean, F.R,C.S., from Aldershot to R.A.M. College.
Captain J. H. R. Bond, L.R.C.P,, M.R.C.S., from Tidworth Park to Warwick.
Captain J. Grech, L.R.C.P., M.R.C.S., from Dinapore to Meerut.
Lieut. H. G. S. Webb, L.R.C.P., M.R.C.S., from Peshawur to Uppa Topa.
Lieut. E. J. H. Luxmoore, L.R.C.P., M.R.C.S., from Chester to India.
Lieut. G. H. Richard, L.R.C.P., M.R.C.S., from Netley to Bulford.
Lieut. N. Low, L.R.C.P., M.R.C.S., from Aldershot to Secunderabad.

PROMOTION.

Major S. G. Allen, L.R.C.P., M.R.C.S., D.P.H., has been promoted to Lieutenant Colonel.
War Record;—Nile Expedition (British and Egyptian Medals).
Lieut. H. M. B. Rahilly, M.B., B.S.Lond., L.R.C.P., M.R.C.S., from the Seconded List, appointed on probation Jan. 31st, 1905, is appointed Lieutenant on the Establishment, August 1st.

Captain W. R. B. Goodwin, L.R.C.P., M.R.C.S., has arrived home on leave from India.
Captain P. S. Lelean, F.R.C.S., has obtained the Diploma of D.P.H.

Indian Medical Service.

ENTRANCE EXAMINATION.

A. F. Hayden, M.B., B.S.Lond. L.R.C.P., M.R.C.S. (3rd).
(14 Vacancies, 42 competed.)
Capt. H. A. F. Knapton, L.R.C.P., M.R.C.S., has been appointed Deputy Sanitary Commissioner, Scinde Registration District.

Volunteer Corps.

R. W. Brimacombe, M.D.Brux., L.R.C.P., M.R.C.S., to be Surgeon Lieutenant in the 3rd Vol. Batt. the East Surrey Regiment, August 1st, 1905.
H. C. Phillips, M.R.C.S., L.S.A., is Gazetted Lieutenant to the London Companies of R.A.M.C. Volunteers.
Surgeon-Captain H. Dutch, M.D.Brux., L.R.C.P., M.R.C.S., is promoted to Surgeon-Major 4th Vol. Batt. the Royal Fusiliers (City of London Regiment).
Surgeon-Lieut.-Col. E. L. Freer, M.R.C.S., having resigned his commission in the Volunteers, ceases to belong to the Army Reserve, Sept. 6th.

Announcements.

BIRTHS.

MICHÔD.—On July 26th, at Roma, Queensland, Australia, the wife of F. A. Hope Michôd, M.B.Lond, L.R.C.P., M.R.C.S., of a son.

COAD.—On Sept. 1st, at Elgin Avenue, MaidaVale, W., the wife of S. A. Coad, L.R.C.P., M.R.C.S., of a daughter.

FULLER.—On Sept. 1st, at Crescent Road, Crouch End, the wife of J. R. Fuller, M.D., B.S.Durh., L.R.C.P., M.R.C.S., L.S.A., of a daughter.

MADDEN.—On August 28th, at Cairo, the wife of F. C. Madden, F.R.C.S., of a son (stillborn).

BLICK.—On July 10th, at Broome, W. Australia, the wife of Graham Blick, L.R.C.P., M.R.C.S., J.P., D.M.O., of a son.

SENIOR.—On Sept. 15th, at Thames Ditton, the wife of A. Senior, M.B., B.C.Camb., D.P.H., of a daughter.

LININGTON.—On Sept. 13th, at Radnor Park Avenue, Folkestone, the wife of W. W. Linington, F.R.C.S., of a daughter.

TIBBITS.—On Sept. 23rd, at Jury Street, Warwick, the wife of Herbert Tibbits, M.B.Edin., L.R.C.P., M.R.C.S., of a son.

SMALE.—On Sept. 28, at 16, Blomfield Court, Maida Vale, Dora, the wife of Herbert Smale, of a son.

MARRIAGES.

CALEY—GREEN.—On Aug. 17th, at All Saints' Church, East Budleigh, Devon, by the father of the bride, assisted by the Rev. H. Bickersteth Ottley, M.A., Henry Albert Caley, M.D., F.R.C.P., of 24, Upper Berkeley Street, W., to Dorothy, second daughter of the Rev. W. F. Green, M.A., Vicar of East Budleigh, Devon.

FRENCH—PIPE WOLFERSTAN.—On Sept. 7th, at St. John the Baptist's Church, Holland Road, by the Rev. F. W. Pakenham Gilbert, M.A., John Gay French, M.B.Lond., L.R.C.P., M.R.C.S., second son of the late Surgeon-Major John Gay French, M.D., F.R.C.S., I.M.S., to Elinor May, youngest daughter of the late F. S. Pipe Wolferstan, Esq., of Stafford, Staffordshire, and of Mrs. F. S. Pipe Wolferstan, of 7, Pembridge Gardens, Bayswater.

POOLEY—LEE.—On Sept. 26th, at St. Michael and All Angels, Chiswick, by the Rev. P. M. Hereford, Rector of Christ Church, Leith, N.B., assisted by the Rev. J. Cartmel Robinson, Vicar, John Milnes Pooley, L.R.C.P., M.R.C.S., of Nettlebed, Oxon, second son of the late Rev. Richard Pooley and Mrs. Pooley, of Queen Anne's Grove, W., to Grace Eveline, eldest daughter of W. J. Lee, Esq., of Bedford Park.

PAGE—BRIDGMAN.—On August 26th, at St. Saviour's Church, Ealing, by the Rev. J. Campbell, M.A., assisted by the Rev. A. C. Buckell, M.A., and the Rev. D. S. Read, M.A., Surgeon J. H. L. Page, L.R.C.P., M.R.C.S., R.N., eldest son of Paymaster-in-Chief J. L. Page, late R.N., to Edith Anna, younger daughter of Lieut.-Col. F. H. Bridgman, late A.S.C., of 9, Grange Road, Ealing.

KUNHARDT—BOTT.—On Sept. 26th, at St. Luke's Church, Cheltenham, by the Rev. H. E. Noot, Vicar, assisted by the Rev. W. Burnside, Captain J. C. G. Kunhardt, I.M.S., L.R.C.P., M.R.C.S., elder son of the late F. H. Kunhardt and Mrs. Kunhardt, of Ealing, to Norah Sophia Mildred Bott, second daughter of the late John H. Bott and Mrs. Bott, of Cheltenham.

FINLAYSON—NEVILL.—On 24th May, at Ghorguri Church, Poona, India, Walter Taylor Finlayson, L.R.C.P., M.R.C.S., Indian Medical Service, to Elizabeth Mary Dorothea, sixth daughter of the late Benjamin Nevill, of Winchester, England.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XI.—No. 9. NOVEMBER, 1905. Price 6d.

Notes.

With the last number of the GAZETTE a change was made in our Editorial Staff. Mr. Leslie Paton, who has ably held the reins of office for nearly four years, has found it expedient to resign the post, and whilst regretting the result, we congratulate him on that cause which his modesty will not allow us to express. We can only wish that he may find less and less time to spare from work as the years roll onward. The late Sub-Editor, who succeeds to his office, wishes also to pay a tribute to the unvarying kindness and good nature of a chief who, under many provocations, never once gave him an official "wigging!"

The post of Honorary Games Sub-Editor has been revived, and we are glad to say that Mr. C. M. Wilson, the very energetic Rugger Secretary, has undertaken the post. We think this will be an efficient guarantee for the proper reporting and criticism of games and players.

And lastly, we still trust to have the sporadic services of the "office-boy," and will try to keep him within reasonable bounds.

The attention of new men is particularly called to the notice of the Students' Cot Association that we print below. We gave special prominence to the matter in the summer and make no apology for doing so once more. It deserves to be supported by every student of St. Mary's. A neat little pamphlet has just been issued by the Committee setting forth its objects, and it is this appeal that we are able to reproduce. The Association has started well and we sincerely hope that there will be no back-sliding.

Will all members of the Association kindly remember that the subscription cards for this year are due by the beginning of next month, and that it will be a great convenience to the Treasurer to receive as many as possible before then in order that a balance sheet may be prepared and presented at the First Annual General Meeting. We hope that every guarantor returning his card will take the opportunity of renewing his membership for next year.

All who receive this paper will probably be in possession of the Dean's circular letter to St. Mary's men to support the Hospital's appeal for £60,000. We accordingly have no need to print it in these pages, but would again urgently beg all old students to try to do something on behalf of their Hospital in a time of great anxiety for all who are interested in her welfare.

Our South African Memorial has been completed and is at present resting in the Board Room. It is a very handsome, effective, and yet simple piece of work and does great credit to the artist, Mr. John Tweed. It consists of a heavy bronze tablet set in a dull lead frame. The inscription is flanked by two figures in khakhi modelled in bold relief, and above it is the Hospital badge; it runs as follows:—"To the Memory of the Members of St. Mary's Hospital who lost their lives while serving in South Africa. Arthur Baird Douglas, Lieut.-Colonel 3rd Batt. the Sherwood Foresters, Derbyshire Regt.; Robert H. E. G. Holt, Capt. R.A.M.C.; George William Guy Jones, Lieut. R.A.M.C.; George Umacke Jameson, Second Lieut. 1st Batt. the Border Regt.; Cecil Courtenay Parsons, Civil Surgeon; Reginald Percy Fort, Civil Surgeon; Edith

Manley Gardner, Sister Army Nursing Service." The tablet will be placed in the hall of the Clarence Wing and will probably be formally unveiled at the big opening ceremony.

The memorial to the late Mr. Silcock is also completed. It takes the form of a brass tablet and the inscription runs:—"This tablet is placed here by his colleagues in memory of Arthur Quarry Silcock, Surgeon to the Hospital from May 24th, 1886, to the day of his death, on December 19th, 1904, in his fiftieth year." It will occupy a position near the African War Memorial.

It has been decided that the Testimonial to Dr. Cheadle shall take the form of a portrait, and Mr. George Henry, R.S.A., has been commissioned to paint it. Mr. Henry is the acknowledged leader of the Scotch School of Portrait Painters in London, and one of his works that appeared in this year's Academy Exhibition was, perhaps, the most talked of picture of the year. His pictures now being shown at the Portrait Painters' Exhibition at the New Gallery have earned very high approbation from "those who know," and to quote a single example of his former work, the portrait of Mr. Justice Darling is a good guarantee of his suitability for the present commission. The picture will be three-quarter length and of large size.

We announce with much regret the recent death of C. E. H. Leggatt, that occurred in the hospital. Leggatt was a notable athlete in the palmy days of St. Mary's sports, and since he left the Hospital has been serving on the ill-fated Gold Coast, where his health first broke down.

The Medical Society opened well with a record house, as we anticipated (as our half-penny contemporaries so frequently remark). We very much regret that we were unable to secure a report of Dr. Wright's most able and gynæcoclastic paper, but the truth was that three of our special reporters were carried out fainting as sheet after sheet of polysyllabic schemata were unrolled before their dazzled eyes. "Phonography don't provide for such a contingency," said one when he had been brought round by the refreshments so liberally provided by the President. We appealed in vain to several members of an unusually enlightened audience, but although they all agreed it was "very hot stuff" (whatever that may mean) none of them ventured to offer us a report of the discourse.

There were only two psychologists from afar who presumed to speak after Dr. Wright's torrent of eloquence, for it was nothing less, and however we may agree or disagree or hold no very definite opinions about the validity of his conclusions, we have not in our Empeiria (?) any recollection of such a brilliant sounding extemporary address ever before having been delivered in our Library.

Mr. Paton has been preaching the gospel of Opsonins in a paper read before the Ophthalmological Society, on November 9th, on "Phlyctenular Conjunctivitis and its relation to the Opsonic Index." We believe the paper attracted considerable attention and we hope it will have made not a few converts.

Captain F. W. Sumner, of the I.M.S., sends us a reprint from the *Indian Medical Gazette* of a practical paper on The Treatment of Fractures. We note also in a recent *Lancet* a full report, with autopsy of a case of Huntingdon's Chorea, contributed by G. S. Peachell.

Nurse Clarice Malvenie Williams, for some time Staff Nurse in the Out-Patient Department. and who has recently been taking holiday Nurse's duties, has been appointed Staff Nurse in the Queen Alexandra Military Nursing Service, and has joined the staff of the Netley Hospital.

Miss Clara Alice Barling, a St. Mary's Nurse, who has been for some years Matron of the Borough Sanitarium, Folkestone, has been appointed Matron of the Isolation Hospital, Ilford.

The appointment of Miss Mary Ethel Thompson to the post of Sister of the Albert and Cambridge Wards has been confirmed. Also the appointment of Miss A. E. Huggins to the charge of the Maternity District work. Some changes have taken place in the charges of Casualty, de Hirsch, Lilian Holland, and the Ophthalmic Wards, these departments being now administered by Sisters.

As Christmas is now approaching gifts of warm clothing and other suitable articles for distribution among the patients on Christmas morning are urgently needed. Also toys for the Children's Christmas Tree, which is a source of so much pleasure to the little ones. The Matron ventures to appeal earnestly to the readers of the GAZETTE for contributions to both these objects.

The following magnificent application of the methods of the *Suaviter in modo, fortiter in re* rests on the authority of a South Kensington examiner in "First Aid." It takes the form of an answer to a question on the treatment of a bite by a suspected mad dog. "When a person has been bitten by a mad dog he should be at once taken to the nearest house, where the wound must be treated with the electric cautery; should this appliance not be at hand an ordinary poker should be brought to a white heat and thoroughly rubbed into the depths of the wound. As this procedure may somewhat agitate the patient, his attention should be meanwhile diverted by an agreeable and animated flow of conversation." Poor beast!

We hear of a great cross-country feat recently performed at Isleworth by F. H. Barrett, Night Stoker at the Hospital. He ran 2½ miles in 13 minutes 27 seconds and deservedly secured the first prize at the meeting.

The next Entrance Examination for the R.A.M.C. will take place on January 26th *et seq.* There will be 40 commissions given. Applications must be sent in by January 16th.

Students' Cot Association.

Committee, 1905.

H. E. B. FINLAISON, C. G. GALPIN, C. LILLINGSTON (*Hon. Sec.*), B. E. MATTHEWS (*Hon. Treas.*), J. H. MEERS (*Hon. Sec.*), J. B. ROUS, A. G. WELLS.

The Committee of this Association are anxious to bring its claims before the notice of every member of the Medical School, feeling, as they do, that the aim of the Association is one which for many reasons should commend itself to all Students of St. Mary's.

The Association was formed in May, 1905, having for its object the endowment of a cot for a sick child in one of the Children's Wards of the Hospital. The aim of the Association is twofold, viz.:—

(1) To collect a sum of £500 for the permanent endowment.
(2) To provide, in the meanwhile, an annual sum of £40 as a temporary endowment.

To attain this the members of the Association undertake to raise funds by means of collecting cards which are issued for periods of one year, the members being divided into:—

(*a*) GUARANTORS—who undertake to raise at least £1 during each year of membership.
(*b*) ASSOCIATES—who hold collecting cards, but do not guarantee any definite amount.

Needless to say the former is the more valuable class of membership, though the Association is anxious to enlist members under each heading, it being hoped that the membership may ultimately become universal among the Present Students of the Medical School, and may by degrees automatically extend to Past as well as Present Students.

It may be very justly pointed out, in appealing for an increased membership, that during the long period of his Medical Course, the Hospital represents to the Student a haven of refuge in case of accident or illness, and it is probably true to say that only a small minority complete their 5 years without obtaining some benefit of this description from the Institution, while many have been spared the undesirable experience of an illness in lodgings, or have been able to undergo some necessary operation under the most favourable conditions. This fact alone

should commend the object of the Association as providing a channel by means of which an appreciation of any such benefits may be shown by helping forward a scheme which will raise a lasting memorial to the energy of the Students, and will be a token of the goodwill existing between the Hospital and Medical School.

During the present year (1905) the movement has been supported with enthusiasm and its members number nearly 100; the Committee therefore appeal to all present members to continue their support during the coming year, and trust that the ranks of the Association may be further strengthened, not only by an access of new members from among the Students who have recently joined the Medical School, but also by an increased membership among those of former years.

We have published in a former number the Rules of the Association; any member of the Committee will be glad to receive the names of new members for 1906.

The collecting cards for 1905 are returnable on December 1st next. Cards for 1906 can now be obtained and will be returnable in December, 1906.

Applications for cards should be made to the Hon. Treasurer, or to either of the Hon. Secretaries.

Obituary.

RONALD THOMAS GRAVELY, L.R C.P., M.R.C.S.

It is with great regret that we announce the sudden death of Ronald Thomas Gravely, L.R.C.P., M.R.C.S., which took place at Silcuri, Cachar, India, on July 5th of this year, at the age of 40.

The deceased was the son of Thomas Gravely, M.R.C S., of Cowfold, Sussex, and was educated at Epsom College, where he passed his Preliminary Scientific, receiving his Medical Education at St. Mary's, joining in October, 1884, taking the Natural Science Scholarship; qualified L.R.C.P., M.R.C.S. in 1889. He was Assistant House Surgeon, Royal Berkshire Hospital, after which he was Surgeon for some time to the P. & O. Company. In 1895 he went to Cachar, India, and settled down in private practice. In 1901, with the Volunteer Light Horse (in which he held a Commission) he formed one of the Advanced Guard that escorted the Viceroy to the Manipur border; he was very popular with all ranks, a keen athlete, a splendid horseman and polo player. He was buried with full military honours in the Silchar Cemetery. At St. Mary's he was much esteemed and there were few men more popular among his fellow students.

The Clinical Manifestations of Uræmia.*

By SIDNEY PHILLIPS, M.D., F.R.C.P.

(Physician to St. Mary's Hospital and Lecturer in Medicine in the Medical School.)

NATURE OF URŒMIA.

During the course of renal disorders symptoms are apt to occur which have been grouped together under the term "Urœmia." These symptoms have been variously accounted for. They have been attributed to œdema and to ænemia of the brain, but even if these could account for some manifestations of urœmia, such as coma and convulsions, they cannot account for others, such as vomiting and diarrhœa.

And urœmia is now generally regarded as due to a toxic condition of the blood. The marked deficiency in the excretion of urea in the urine and the excess of urea contained in the blood in most cases of urœmia suggest that the toxin of urœmia may be urea.

This, however, appears incorrect for, among other reasons the blood may be loaded with urea, in consequence of disease or of experiment, without urœmic symptoms arising, and urœmic symptoms often occur when a fair quantity of urea (taking into consideration the patient's diet) is being excreted by the kidneys.

Nor does it appear probable that the toxins of urœmia are products of the decomposition of urea, such as ammonium carbonate, though some plausibility was given to this theory by the fact that injection into the blood of carbonate of ammonia produces convulsions and dyspnœa. It would seem, therefore, that the toxins of urœmia are neither urea nor the products of its decomposition. Much research has been directed to discovering what is their actua nature. Bradford (Gulstonian Lectures, 1898) found that removal of not over ⅔ of the kidney volume led to a great increase in the excretion of water, but not of urea, in the urine. Removal of over ⅔ of the kidney volume led to a great increase also in the excretion of urea, which is soluble in absolute alcohol, and also of other extractives, such as creatin, which are insoluble in alcohol. And not only were urea and the other substractives excreted in excess in the urine, but there was at the same time a greatly increased quantity of them in the tissues, especially in the muscles.

It, therefore, appears that *defective renal action leads to an increased production of urea in the body.* The kidney, therefore, in addition to its excretory function must exert some influence upon the metabolism of the tissues.

Broun Sequard long ago advanced the theory that the kidney produced an "internal secretion," and Bradford suggests that it is through such an internal secretion that the kidneys influence tissue metabolism, a deficiency in the internal secretion allowing of increased activity of tissue metabolism with excessive formation of urea and other extractives. On this hypothesis we may suppose that in renal disease the internal secretion being deficient, an increased amount of urea and extractives pass into the blood,

* A Lecture delivered at St. Mary's Hospital, on November 3rd, 1905.

and that urœmia results from the double cause of this increased production and the defective excretion of such substances.

There are objections, however, even to this theory, for ligation of the renal vessels which must arrest "internal secretion" does not lead to urœmia; and again, ligature of the ureter, which presumably does not arrest the internal secretion, produces exactly the same results as nephrectomy which must put a stop to it. And it must be admitted that the mode of production and the nature of the toxins of urœmia are not yet satisfactorily determined.

It is probable that the toxins, or at any rate their relative proportions, are not identical in all cases of urœmia, for as will be seen, there is a wide variation in the clinical manifestations.

SYMPTOMS OF URŒMIA.

Urœmia may arise in any form of renal disease: in congestion or acute inflammation, or in any of the varieties of chronic Bright's disease: also in suppression of urine from functional or from organic renal affection; and when the excretion of secreted urine is prevented by mechanical conditions.

Acute urœmia is peculiarly associated with the contracted white kidney, in which there is a greater reduction in the amount of kidney tissue than in any other form of renal affection. Chronic urœmia is most common in the large white kidney. Coming on in such diverse conditions, the circumstances of its onset also vary widely. It may come on suddenly or gradually in acute or chronic nephritis; sometimes after well-marked evidences of such disease, sometimes without any symptoms or at any rate symptoms so slight as to be unobserved or neglected.

The *Urine* in urœmia varies; it may be diminished in quantity, even totally suppressed, or, though secreted, the excretion may be prevented by occlusion of both ureters. The quantity may be increased, as in granular kidney. The specific gravity is usually low, and there is nothing characteristic in the appearance of the urine.

Albumen sufficient to solidify the urine on boiling may be present, as in acute nephritis, or there may be only a trace of it, or none at all, as in some cases of granular kidney, and even in some cases of acute nephritis, as has been proved by clinical symptoms, and more certainly still by post-mortem examinations.

The urea in the urine is usually much lessened, but quite a considerable quantity of urea may be excreted.

The symptoms of urœmia may be described as they affect the nervous, digestive, respiratory and circulatory systems in turn, though, of course, these organs may be affected simultaneously.

AFFECTIONS OF THE NERVOUS SYSTEM.

CONVULSIONS.

Short of actual general convulsions there are often twitchings of the muscles of limbs or face: the fully developed urœmic convulsions are similar to epileptic convulsions. In the case of R. M., recorded below, the temperature rose to 104° and pyrexia does not exclude urœmia as a cause of convulsion.

An attack of urœmic convulsions may consist of a single paroxysm or of a succession of fits at intervals of minutes or hours, the patient meanwhile lying in the "status epilepticus," with dilated pupils and stertorous breathing. Urœmic convulsions may be accompanied by furious violence of language or action, as is also the case in epilepsy. Complete recovery may ensue, but the convulsions may recur at any time. Death may occur during the fit or in the coma which succeeds.

Diagnosis (*a*) *from epilepsy:* the shorter tonic stage, the pallor of the face, the more frequent occurrence of Cheyne and Stokes respiration, are said to distinguish urœmic from epileptic convulsions. But these points give little assistance. As Sir W. Roberts writes, 'A urœmic fit conforms strictly to the epileptic type"; it is indeed an epileptic fit arising from urœmic toxins, and its dependence on urœmia is ascertainable only by albuminuria or other signs of Bright's disease.

(*b*) *From cerebral hæmorrhage:* a cortical hæmorrhage may produce convulsions simulating urœmic convulsions; albuminuria will not help in the differential diagnosis, as both hæmorrhage and urœmia are often associated with nephritis. If the convulsions are markedly unilateral, hæmorrhage is more probable than urœmia, but this is not an absolute sign, as urœmic convulsions may be unilateral. Inequality of pupils points to hæmorrhage.

Urœmic convulsions are commonest in chronic renal disease, but they may come on in acute nephritis. In either acute and chronic nephritis they may come on in the course of well marked symptoms of the disease, but in the chronic condition they may occur with little or no warning, striking down with fatal convulsions an individual in apparent good health. Even in acute nephritis they may come very suddenly with other symptoms little marked.

Fatal Urœmic Convulsions of abrupt onset in chronic Renal Disease.—R. W., a charwoman, aged 52, suddenly fell unconscious in the street on Jan. 19, 1903, and was brought at once into the hospital in violent convulsions, unconscious, foaming at the mouth, with feeble pulse and stertorous breathing. There was nothing to indicate that this was not simple epilepsy; but being in the ward at the time, I had the urine drawn off, and it contained a large quantity of albumen. The fit persisted, the temperature rising to 104°, and she died in a few hours. The necropsy showed granular kidneys, with great hypertrophy of the left ventricle, the heart weighing 14 ounces. No other lesion was found in the brain or elsewhere.

Fatal Urœmic Convulsions without albuminuria in chronic Renal Disease.—W. B., painter, 41, came to hospital for pain in back in January, 1904; after that was well till March 6th, 1905, when he had a fit while at work, and another in the cab which brought him to the hospital, where he arrived in a very excited state, and, in the words of the clinical clerk, "barking like a dog." The temperature was normal. No albumen in the urine. Next day he was quite clear in mind, said he had never had a fit before. On the 10th he had a fit beginning with a scream and rotation of head to the right; two more fits occurred in the next 24 hours. On the 11th he became unconscious, though he resisted violently all attempts to straighten

his legs, which he always kept flexed in the bed. His lips puffed out with each noisy expiration; the pupils seemed unaltered in size; pulse 120 per minute; the breath smelt very urœmic; there was no albumen in the urine at any time. He died during the night. Post-mortem: the kidneys were granular, the heart soft and little hypertrophied.

URŒMIC COMA

may be preceded by convulsions or other urœmic phenomena, especially headache, or come on without. Its onset may be gradual or sudden. There is complete loss of consciousness with stertorous breathing, slow pulse and fall of temperature; the pupils are described as dilated (Roberts) and as contracted (Bradford).

Diagnosis.—(*a*) *From the coma of cerebral hæmorrhage.* Signs of Bright's disease do not assist the diagnosis, as both conditions are likely to be associated with it. If any unilateral paralysis or any inequality of pupils is present hæmorrhage is the more probable, but in coma unilateral paralysis is difficult of detection, and urœmia occasionally produces one-sided paralysis.

(*b*) *From opium poisoning.*—Urœmic coma, unlike opium poisoning, is usually preceded by convulsions and accompanied by albuminuria, and the pupils, even if small, are not so greatly contracted as in opium poisoning.

(*c*) *From diabetic coma* by absence of glycosuria. Urœmic coma, like convulsions, is commonest in long standing kidney disease, sometimes with observed symptoms, sometimes in persons believed to be in good health. The following case illustrates the difficulty in diagnosis between the coma of urœmia and that of cerebral hæmorrhage.

Urœmic Coma of acute onset with one-sided Paralysis.—J. M., aged 52, out of work some time, rose on October 30th, 1905, at 3 a.m., and went out to look for work, saying to his wife it was 5 a.m. At 4 o'clock he was found unconscious in the street and brought into hospital with a temperature of 96.4° and some rigidity of upper limbs: he was still unconscious. At 9 a.m. he had a right-sided convulsion. At 10 a.m., when I saw him, he was still quite unconscious; there was some stiffness of the limbs, most on the right side, and spasmodic movements of the right fingers. But there seemed no paralysis, and when his arms were placed above his head he slowly brought them down again. The right side of the face was paralysed the cheek blowing out with expiration, and the usual furrows were absent. There were some twitchings of the right occupito frontalis muscle, the pupils were equal and very small, he was very cyanotic with stertorous respiration and hissing inspiration; a cloud of albumen was found in the urine drawn off by catheter, quite 10 ounces. The diagnosis between hæmorrhage and urœmia was difficult, the one-sided facial paralysis rather favouring hæmorrhage, but the coma without paralysis militating against it. He never regained consciousness and died at 2 p.m. The necropsy showed no change in the brain whatever, the kidneys were toughened and there were some very small cysts in them, but no advanced disease. The heart was a little dilated.

CONVULSIONS AND COMA IN CHILDREN

may arise from urœmia, usually in acute nephritis; when consecutive to scarlet fever, the patient is usually under observation from the first, and convulsions in such cases may come on when there have been scarcely any symptoms of nephritis. As a rule there is albuminuria, but often nothing else, and in some cases there may be no albuminuria until the convulsions come on. Examples of this are given by Herroch and Litten. In children, even in young infants, nephritis may come on without scarlet fever and indeed without ascertainable cause, and in such cases again convulsions may be the first noticed symptom of the nephritis.

Convulsions from urœmia in a young child do not continue long, for if sufficiently overcome by urœmia to have convulsions it soon passes into coma. Several instances of this have come into hospital lately; a child being brought in insensible with fair pulse but cold skin, no pyrexia (usually), pulsating fontanelle and extreme cyanosis, and laboured but not rapid breathing. At first sight they resemble pneumonia or cerebral disease, but there are no signs of lung affection, no pyrexia, the respirations are not rapid, and there is no optic neuritis.

In the nature of things *long-standing* kidney disease does not occur in children, but they may have chronic renal changes, and urœmic convulsions may be their first symptom, as in the case of L. R., narrated below.

I append examples of urœmic convulsions in children and young infants in acute and in chronic renal disease, and the examination of the urine is not less important in children than in adults.

Acute fatal Urœmic Convulsions in an Infant.—In May, 1896, I saw with a medical man a child of one year old a few days after a feverish attack. On May 24th the temperature had risen to 102°; the child vomited several times, and had two convulsive attacks, and another on the 25th. When I saw her I could find nothing to account for the convulsions; but on enquiry as to the urine, the nurse told me the urine had been very scanty, and she had noticed the napkins were stained with blood. A catheter showed an empty bladder. Citrate of potash was ordered, and the next day a little urine was passed which contained albumen about ¼; no urine passed on the 26th after the morning, none on the 27th, and on the 28th the child died.

Urœmic Convulsions in a Child from chronic Nephritis.—L. R., a girl of 7 years, never had scarlet fever. In September, 1900, had herpes on chest, but felt quite well till on a date (not remembered) in October she woke up in a fit and was unconscious for some hours; two days later had another fit; since then listless and drowsy, with headache at times, and sudden attacks of vomiting. On December the 6th the eyelids became swollen, and she was brought to me at St. Mary's Hospital and admitted December 13th, with puffy face, high tension, pulse 106 per minute, accentuation of aortic second sound; urine contained ⅓ albumen, and sp. gr. 10·10. She was treated by hot baths and aperients, but sweating was very slight; the albumen increased to ½, and the vomiting continued. On the 18th she deve-

loped purpuric spots. Her thirst, all along great, now became intense, and drowsiness gave way to distressing wakefulness; in fact, she did nothing but drink and vomit. On the 24th of December she had a convulsion; as it ceased her temperature rose to 103°, and she died on the 25th. Post-mortem: the right kidney weighed 2 drachms; nearly all the cortex gone; general perivascular fibrosis. Left kidney large, weighing 4 ounces; cortex thickened and white, with desquamative nephritis.

Coma following Convulsions in a Child.—L. M., aged 1 year, about 24th of August, 1905, had a fit and another on 14th September, when she was taken to see a doctor who said the fit was due to teething. On the 22nd she had another slight fit, and on the 24th she clenched the left hand in a sort of fit and then lost consciousness. She was taken into St. Mary's Hospital on the 23rd, when I found her very pallid with dark areola around the eyes, lips very blue, no vomiting, abdomen flaccid. Pulse 112 per minute, heart sounds good; the marked feature of the case was the slow gasping breathing, 28 per minute, with some swelling out of the epigastrium on inspiration but full good entry of air into both lungs and no sign of any lung affection. The fontanelle was convex and pulsating, the child was scarcely conscious and was pale and clammy. There were no signs of intra-cranial disease; a catheter showed the urine to give a considerable cloud with heat and with nitric acid. She died the same day. The autopsy showed acute nephritis.

URŒMIC PARALYSIS.

Chantemerse and Teneson ("Revue de Méd." 1885) record cases of local paralysis and of Jacksonian epilepsy from urœmia, and it is now generally accepted that it may give rise to hemiplegia: thus Osler writes: "Urœmic paralysis may simulate every form of paralysis of cerebral origin."

Much difficulty in the diagnosis of urœmic hemiplegia from the hemiplegia of hœmorrhage or softening may thus arise. This is well exemplified by the case of I. M. just described. Urœmic hemiplegia does not appear to be so absolute as that from other causes, and tends, if death does not occur, to pass off in a short time, and varies in amount from time to time.

The following appears to be an example of urœmic hemiplegia passing off after a month, and, as the post-mortem showed, with no local brain lesion:—

Urœmic transient hemiplegia.— R. S., aged 51, found he had lost power in the left leg in September, 1896; this passed off in about two months. Soon after he began to have convulsive attacks, passing into unconsciousness. On December 31, 1896, he came into St. Mary's Hospital with weakness of the right arm and leg; knee jerk more active on right than left, and ankle clonos on the right side alone; the right side of the face was paralysed; some wasting of forearm muscles. Urine sp. gr. 10·12; quantity good; contained much albumen. The left ventricle was hypertrophied.

The albumen diminished to $\frac{1}{10}$, but he had headache and was sick once or twice in January. After this he became very restless at night, and his pulse rate dropped from 100 to 64 a minute. A little later he had a tendency to suppression of urine; the hemiplegia now passed off, and he could walk about the ward, but his pulse rate grew slower, his albuminuria and headache more severe, and he died in February, 1897. Post-mortem: we found small granular kidneys, but no trace of any lesion in the brain.

MENTAL DISTURBANCES IN URŒMIA.

The mental faculties are affected in coma, convulsions, &c., but short of this there may be extreme drowsiness, or, on the other hand, distressing wakefulness—in fact, an insomnial form has been described.

Delirium or mania may come on. You may often notice in the wards that patients with long-standing renal disease may become excitable and noisy, sitting up in bed and shouting loudly from time to time, or endeavouring incessantly to get out of bed, or suddenly resolving to leave the hospital. A special feature is that they seem quite rational when spoken to immediately afterwards. There is no exact dividing line between delirium and mania, and perhaps, as there is no pyrexia, this condition is rather mania than delirium. At any rate, the alienists have claimed these cases as their own.

Thus Clouston writes that "A variety of mental derangement, half delirium and half mania, results from urœmic poisoning. It is usually in cases of contracted kidney, where the central nervous system has long been subject to the influence of impure blood. The symptoms are mania of a delirious kind, with extreme restlessness, delusions as to the persons round the patient, an absolute want of fear of jumping through windows or other actions that would kill or injure. The symptoms are characterised by remissions during which the patient is quiet, composed in mind and rational, but prostrate in body."

These cases deserve your special attention—first, because it is well to remember that a patient with urœmia may become suicidal or homicidal, and, secondly, because it is well to remember that mad persons may be mad because they are urœmic—a fact often overlooked, as Clouston points out, patients being certified and sent to asylums and dying within 24 hours of admission from urœmia.

Here is an example of urœmic mania:—

E. H., aged 60—who had been under me in 1902 with Bright's disease—was re-admitted on January 14th, 1904, with vomiting, and dyspnœa; urine scanty and of low sp. gravity. He improved somewhat, but on February 1st got delirious. On the 3rd could not be kept in bed, and talks to himself of imaginary wrong; he had to have a special watcher by the bed. On February 10th he became more violent, and had to be strapped loosely to the bedstead, for he had managed to get out of bed, fall down and bruise his nose. His temperature was all along subnormal, his pulse of high tension and about 72 per minute. He died on February 16th, and a necropsy showed advanced granular disease of kidneys and old hypertrophy of both ventricles.

(To be continued.)

St. Mary's Hospital Football Clubs.

RUGBY.

ST. MARY'S HOSPITAL *v.* ROYAL NAVAL COLLEGE.

The Hospital played a very sound and attractive game. A large and sporting crowd quite appreciated the lusty methods of our forwards and the dashes on the wing by Treherne and Batchelor. We scored far out as a result of very pretty combination between Treherne and Richards. The latter hit the far upright with a fine kick and we led by a goal at half-time Afterwards Louwrens was hurt and we had a very anxious time while he was off. Richards by grand kicking kept them out till Louwrens came on. They equalised on time by a forward rush. We had much the best of the game. Forward Freeman, Galpin and Lees did very lusty work. Barker took the scrum quite well and Louwrens by continuing when hurt saved the game. His openings generally ended in a dash for the line by Treherne and Batchelor. Richards kicking was excellent and he holds the line together. Burdett should be a very useful full back with more experience. Quite the best game the Hospital has played of late years.

ST. MARY'S HOSPITAL *v.* BRIGHTON.

With a completely different three-quarter line and Louwrens away nothing went right behind the scrum. Forward we were all over Brighton but lost yards by heeling. Taylor made a great effort to pull the backs together but no one could hold a pass. The game was lost by rank bad back play, and a myopic referee.

ST. MARY'S HOSPITAL *v.* 1ST ARMY CORPS.

A good game and a useful win. With Louwrens away we kept the ball close. The forwards were excellent, wheeling and pushing a heavy pack all over the field, while in the open everyone was up. All the scoring with the exception of a pretty drop goal by Ollerhead resulted from fast following up. Galpin scored twice and kicked two goals. All the forwards are very fit and using the vigorous methods which win Cup Ties.

ST. MARY'S HOSPITAL *v.* TWICKENHAM.

Our duty is to report Football at Wormwood Scrubbs we saw none. A shocking display aggravated by Taylor getting crocked.

ST. MARY'S HOSPITAL *v.* BOROUGH ROAD COLLEGE.

With Louwrens back at half we just managed to get home by 3 tries to 2. We had the worst of matters forward but our backs were very useful. Ollerhead especially went for the line whenever he got an opening. Burdett was excellent, and we have at last unearthed a really good back. Hawkins' tackling in the open and Galpin in wonderful form at the line out were the best of a rather hesitating pack.

ST. MARY'S HOSPITAL *v.* R.A.M.C.

The Corps came with a great reputation and we had in the last few matches played rank Rugger. But the Rugby XV. reserve wicked exhibitions for weak sides and have a knack of doing well when they run up against a good side. The result was largely due to the Captain. His three tries were all quite perfect and very pretty. Burdett improves every game. The three-quarters got nothing to do. Forward the packing was good and the ball nearly always came out to our halves. But if they are to do anything with it it must come out much cleaner.

ST. MARY'S HOSPITAL *v.* R.M.A.

At Woolwich the Hospital were the first to defeat R.M.A. this season. The ground was almost under water and the result was due to the one chance of scoring coming our way and being seized on to by the forwards, who sent Batchelor over. Ollerhead and Brewer did a lot of good defensive work. Burdett was good at full back. Forward we were beaten for possession and our light pack could not get going on the heavy ground.

ST. MARY'S HOSPITAL *v.* STREATHAM.

An unsatisfactory game. Lucky to win at Woolwich we were most unfortunate in losing to Streatham by 3 tries to a dropped goal. Our forwards heeled repeatedly but the passing behind was of the lob variety. The ball came to Louwrens too late to get the three-quarters moving. All the Streatham tries were the outcome of feeble tackling behind. Any energy displayed was in the conversational line. Littlejohn should combine very well with Taylor. Both run straight, and use their heads.

2ND XV. *v.* BORO' OLD COLLEGE "A" XV.

We scored consistently every ten minutes throughout the game. Neagle (2), Willis (2), Quirk, Harrison and King crossed their line. Four of the tries were converted. Wild passing let them in once in the second half.

2ND XV. *v.* ROYAL SCHOOL OF MINES "A" XV.

We had two men off most of the game and lost by 24 points to 5. A good run by King gave Meers an easy try for us.

2ND XV. *v.* CENTRAL TECHNICAL COLLEGE 2ND XV.

We won anyhow by 2 goals, 1 drop goal, 2 tries to a try. Neagle (2), Johnston and Meers crossed their line, Fergusson dropping a fine goal.

2ND XV. *v.* CHRIST'S COLLEGE, BLACKHEATH.

Under wretched conditions we were run off our feet. 24 points to nil was the final damage.

2ND XV. *v.* OLD PAULINES "A" XV.

30 points to 11 against about represented the superiority of their backs. Knowles, Neade, and Strator scored for us.

RUGGER NOTES.

At the United Hospitals Meeting, on November 3rd, Louwrens was elected Captain and Wilson on the committee. With two out of five votes St. Mary's interests should be well looked after next season.

Probably Mary's and Bart's will combine forces next season to meet several first class clubs.

One often hears comments on the lack of interest in Soccer at the Universities, and the fact that while half-a-dozen watch a Hospital Soccer Final, 3,000 enthuse over the Rugger Final at Richmond. As a result no doubt of this state of affairs several of the great Soccer schools are considering taking up Rugger. Harrow leads the way. In time the Hospitals will probably run first-class Rugger sides with the assistance of reformed Soccer men.

Louwrens played for Middlesex against Midland Counties, on Wednesday, November 15th. With Butcher, Hancock, Stoop and Mainprice all not available this year, Louwrens has only to play up to form to get his South Cap. Any honours coming his way are richly merited and will be generally popular.

The Rugby XV. have been very unlucky this season with their men. Phillips, Treherne, Freeman and Juler are not available, while Taylor and Louwrens have both been crocked. As these notes go to print we hear Hawkins and Finlaison must be added to the sick list.

There should be a very keen struggle for the Rugger Cup this year. Bart's will be strong after Christmas, and so will London. We should have a useful side in January if Philips is able to turn out; while Guy's are likely to start slight favourites.

ASSOCIATION.

ANNUAL GENERAL MEETING.

This was held on October 13th, 1905. Present—In the Chair: H. S. Collier, Esq., F.R.C.S.; Members of Committee: H. G. Willis and E. W. Archer. The members for 1904-05 resigned. The following were unanimously elected officers for the ensuing season:—*Captain*: H. G. Willis. *Vice-Captain*: A. W. Bevis. *Hon. Sec.*: V. C. Martyn. *Committee*: E. W. Archer, E. C. Redman, H. H. Taylor, P. V. Hayes.

A vote of thanks to Mr. Collier for presiding was proposed by E. W. Archer and seconded by H. G. Willis, and carried unanimously.

ST. MARY'S HOSPITAL *v.* ROYAL VETERINARY COLLEGE.

This match was played on our opponents' ground at Acton, on October 18th. After a fairly fast game the Vets retired victorious by 4 goals to 1. Amongst the new men Wickham played a fair game and scored our only goal.

Goal: R. A. Hobbs; *Backs*: A. F. Martyn and A. W. Bevis; *Halves*: V. C. Martyn, H. G. Willis and A. Porteous; *Forwards*: T. Hare, T. Harvey, V. Hayes, F. Wickham, G. V. Hobbs.

ST. MARY'S HOSPITAL *v.* ALDENHAM SCHOOL.

Played at Aldenham, on October 21st. The visitors scored first by Hayes, and it looked as though we were going to win. V. C. Martyn had to retire and a sub. was provided. Hersch equalised for the School and at half-time the score was one all. On crossing over Hayes again scored and the School got two more goals, which left them the winners by 3—2.

Goal: J. M. Smith; *Backs*: A. F. Martyn and A. W. Bevis; *Halves*: V. C. Martyn, H. G. Willis and F. W. Hobbs; *Forwards*: Basford, Harvey, Wickham, Hayes and G. V. Hobbs.

ST. MARY'S HOSPITAL *v.* ST. THOMAS'S HOSPITAL.

Played on our ground, on October 28th. This match resulted in a draw of one goal each. The game was mostly in our favour and we ought to have scored several times. Our goal was scored by a fine corner from Mathews, who appeared for the first time for the Hospital. Willis and Bevis played in their usual good form.

Goal: R. A. Hobbs; *Backs*: A. F. Martyn and A. W. Bevis; *Halves*: Porteous, Willis and F. W. Hobbs; *Forwards*: Mathews, Harvey, McKaye, Wickham and G. V. Hobbs.

ST. MARY'S HOSPITAL 2ND XI. *v.* CITY OF LONDON.

Played at Catford, on October 11th. This was the first match for our 2nd XI., and we won by 3 goals to 1. Hare scored first for the Hospital, which was followed by two more from V. C. Martyn and G. V. Hobbs. The visitors scored once and this left the game in our favour by 3 goals to 1.

ST. MARY'S HOSPITAL *v.* HUNTINGDON HOUSE SCHOOL.

Played at Teddington, on October 14th. This match, which was all in our favour throughout the game, resulted in a win for the Hospital by 9 goals to 1. Goals scored by Wickham 5, G. V. Hobbs 2, and Marshall 2.

Goal: R. A. Hobbs; *Backs*: J. M. Smith and A. F. Martyn; *Halves*: Porteous, F. W. Hobbs and Marshall; *Forwards*: Harvey, Wickham, Basford, Waugh and Hobbs.

St. Mary's Hospital Hockey Club.

At a General Meeting, held on October 17th, the following gentlemen were elected officers for the ensuing season :—*President*: H. E. Juler, Esq., F.R.C.S.; *Captain*: H. L. Barker; *Vice-Captain*: J. H. Meers; *Hon. Sec.*: A. G. Haynes Lovell; *Committee*: W. R. Taylor and A. A. Straton.

A good list of fixtures has been arranged, dates being chosen which do not interfere with Football Matches. There are no home matches this year, but the question of arranging a home ground for next year will be considered.

Thanks are due to several non-playing members for giving to the Hon. Sec. the addresses of the Secretaries of other Clubs. Any help of this kind is much appreciated. It is to be regretted that it is impossible to arrange practice games in which men who wish to start may learn the game. Such efforts generally result in about four men turning up. In view of this difficulty I would suggest that all men wishing to learn the game should join one of the many suburban clubs for a couple of seasons. In that way they will always be able to get a game on Saturdays and sometimes on Wednesdays. I will willingly give information about such clubs to anyone intending to join one. This is the course followed successfully in the past by other hospitals when they started their teams.

A. G. HAYNES LOVELL.

ST. MARY'S HOCKEY XI. *v.* BANSTEAD H.C.

The season was opened by this match, which was played, and lost, at Banstead, on Wednesday, November 8th. The ground was slippery from rain. Banstead started by getting two goals in the first ten minutes. We then had the ball in their circle several times but their backs were much too good for us. On their taking it back to our end again one of their forwards got in a hard shot which Hopkins did well to save. A corner resulted; from it their inside right scored a goal. He scored again immediately afterwards from another corner. We then pressed our opponents, Hare and Lovell both getting in shots which proved ineffectual. After this our opponents made several rushes and succeeded in scoring twice again before half-time. The score was now 6 goals to nil. In the first part of the second half we managed to keep them out well—our halves, and Thomas at right back, worked hard and the ball several times reached the forwards—Hayes, Hare and Faulkner made several good attempts on the right but the opposing left back stopped them every time. There followed five successive corners against us, the last of which resulted in a goal. For the last fifteen minutes we had but little of the game and finally lost by 10 goals to nil. Though there was much individual hard play, combination, as was to be expected, was sadly lacking.

Our Team—Backs: Thomas, Hopkins, Sparkes; *Halves*: Day, Lovell, Meers; *Forwards*: Keates, Hayes, Wickham, Hare, Faulkner.

Will Secretaries of Clubs in future kindly send all Reports of Matches, etc., at a date as early as possible after the event, to Mr. C. M. Wilson, the Games Sub-Editor.

Obituary.

CLAUDE E. H. LEGGATT, L.S.A.

We have alluded in another column to the recent death of C. E. H. Leggatt, and here publish a short account of his brilliantt athletic career, which should prove of interest to all who are concerned with St. Mary's Sports.

He was educated at Bedford Grammar School, where he carried off many prizes at the Sports. In 1894 he entered St. Mary's Hospital as a student, and took a great many prizes in our athletic sports. For five years he won the Long Jump, and the High Jump for four years, for St. Mary's in the Inter-Hospital Sports, and established a record for the Long Jump in those sports of 23-ft. 4½-in.

He was also a member of the L.A.C., and in 1896 and 1897 he won the Amateur Champion Long Jump with 23-ft. 0¾-in. and 21-ft. 4-in., and in 1897 he also won the Amateur Champion High Jump, clearing 5-ft. 9-in. He was a member of the Hospital Rugby fifteen from 1894 to 1898.

Christian Union.

The general Meetings for the Winter Session will be held in the Library, at 5.0, on the undermentioned dates. Tea will be provided. Those who are indifferent, or remotely interested in spiritual things are especially welcome.

Nov. 9, 1905.—Rev. J. C. Mann.

Dec. 21, „ —T. Jays, Esq., M.R.C.S., L.R.C.P.

Jan. 25, 1906.—Dr. Handfield-Jones.

Mar. 13, „ —Rev. Canon Barker, M.A.

Bible Circles.—Book chosen—Gospel of St. Mark, held at Stafford Rooms, Titchborne Street, Tuesdays, 12.15—1.15; Fridays, 5—6.

T. A. Tyrrell and E. W. Squire (*Hon. Secs.*).

Books Received for Review.

ELLIS DEMONSTRATIONS OF ANATOMY. By C. Addison, M.D. 12th edition. London: Smith, Elder & Co. 12/6 net.

ORGANOTHERAPY (Modern Methods of Treatment Series). By T. H. Batty Shaw, M.D.Lond., F.R.C.P. London: Cassell & Co. 6/- net.

G. P. I.

(We are indebted to the courtesy of the Editor of the *St. George's Hospital Gazette* for permission to reprint these verses which appeared in a late issue of that publication.)

General Paralysis of the Insane
Baffles analysis : treatment is vain.
Never more rallies his system or brain.

See that elated one roll from the pub.
Fie ! dissipated one, round as a tub.
Soon addle-pated one ? Ay, there's the rub.

Vice and gin palaces finish with pain.
Nature's rude malice is (Doctors explain)
General Paralysis of the Insane.

Hear the foredoomèd one mutter and rave,
Cortex consumèd, one foot in the grave.
His brain, a tumid one, nothing can save.

Now shilly shallies his reasoning train :
Cannot see fallacies ever so plain—
General Paralysis of the Insane !

King, duke or courtier fancies himself.
None could be haughtier : flings away pelf,
Till he's, at forty or less, on the shelf.

Yes, you may know at once, clutched by death's fetter, he
Yields to the blow at once, never gets better ; he
Might as well go at once to the cemétery.

See him go dottering, nor can he speak well ;
Tremulous, tottering, pupils unequal,
Aimlessly pottering : that is the sequel.

Gone are the wits at last, gone the digestion,
Broken to bits at last : weakness, congestion,
Mania, fits at last settle the question.

General Paralysis of the Insane
Baffles analysis : treatment is vain.
Never more rallies his system or brain.

Reviews of Books.

CLINICAL METHODS. By Robt. Hutchison, M.D., F.R.C.P., and Harry Rainy, M.A., F.R.S.E. Illustrated. Pp. xii. and 634. New edition. 10/6.

MATERIA MEDICA AND THERAPEUTICS. By J. Mitchell Bruce, M.D., F.R.C.P., &c. Pp. viii. and 632. New edition. 7/6.

These works are both from the press of Messrs. Cassell & Co. and issued in their "Red Text-book" series. We have previously noticed them in our pages, and need only say that these new editions are in every way in keeping with recent work and should undoubtedly be in the hands of every student of medicine. We know of no book which gives such a good description of physical methods as the former, and the man who knows the use of those methods and what they enable him to find out need fear no clinical examination. The chapter on Urine Examination is especially valuable. Dr. Bruce's popular text-book has been enlarged by an account of the drugs in the Colonial addendum to the B. P.

A MANUAL OF CHEMISTRY. By A. P. Luff, M.D., F.R.C.P., B.Sc., F.I.C., and F. J. M. Page, B.Sc., F.I.C. 3rd edition. Cassell & Co. 7/6.

This text-book of Chemistry has always been a favourite with Medical Students. The present edition has been brought thoroughly up-to-date, and as an Introduction to the Study of Chemistry it forms an extremely valuable text-book which every Student would do well to possess. The style is clear and concise, and the subject is dealt with in a manner which cannot fail to arouse the interest of the Medical Student. In the present edition, Part I. dealing with Chemical theory has been brought up to line with recent chemical research. Part IV. dealing with Organic Chemistry has been thoroughly revised. It contains descriptions of the best methods of determining the molecular weights of Organic Compounds, and the connection between the structure of a substance, and its behaviour to polarised light (Stereo-Isomerism) is clearly described. There is a special chapter dealing with the chemical constitution and properties of substances which have been recently introduced as therapeutic remedies, *e.g.*, Aspirin, Heroin, Urotropin, Veronal, etc. This will be of especial value to Medical Students. Part VI. forms a very useful addition to the work, since a useful summary is given of the methods of preparation of typical salts, also Tables of Analysis for simple salts and mixtures of two salts, as well as a description of some of the more important processes in Volumetric Analysis. In conclusion the work can be thoroughly recommended as a Text-Book of Chemistry for Students of Chemistry for the Conjoint Diploma of the various examining boards ; and in addition it will serve as an excellent introduction to the Study of Chemistry for Students taking the M.B. Course of the London University.

INTRODUCTION TO CHEMICAL ANALYSIS. By Hugh C. H. Candy, B.A., B.Sc., F.I.C., Lecturer on Chemistry to the London Hospital Medical School. J. & A. Churchill.

The Author's large experience in the instruction of Medical Students in Practical Chemistry has enabled him to appreciate their difficulties in this part of their studies.

The present work serves as a valuable introduction to the study of Practical Chemistry and its careful perusal should give a student a clear idea of the principles underlying this portion of his work.

The author has presented the subject in a new and interesting manner. His aim has been to show the exact value of the different experiments in Qualitative Analysis, and thus enable the student, by a succession of experiments, to narrow down the possibilities until ultimately a diagnosis is arrived at, and the substance identified.

The chapters on Preparations and Quantitative Analysis are well written, and should afford valuable help to the student.

The work cannot be regarded as a complete text-book of Practical Chemistry, and should be supplemented by reference to larger works, or by special notes given in a systematic course of instruction.

The value of the book lies in the impression given by its study to the student commencing the study of Practical Chemistry, and as an introduction it can be thoroughly recommended to all Medical Students of Chemistry.

HYGIENE AND PUBLIC HEALTH. By B. Arthur Whitelegge, C.B., M.D., &c., and George Newman, M.D., &c. Cassell & Co. 7/6.

The present edition of this excellent book has been thoroughly revised and brought up-to-date, having been re-written in great part. Certainly there is no book of its

size which contains so much useful and accurate information on the important branches of Public Health.

To the candidate for a Diploma in Public Health this work will form an invaluable text-book. In addition it is a book which every Medical Student or Practitioner should possess, since much of the information in it is exceedingly valuable both for actual practice and for examination purposes.

The article on milk coming from such an acknowledged authority as Dr. Newman is exceedingly good and to the point, as also are several new paragraphs on Epidemics caused by Contaminated Shell Fish, Ice-Cream, etc.

The article on the Bacterial Treatment of Sewage gives quite an excellent resumé of the present state of our knowledge of this important process.

The chapter on Infectious Diseases is exceedingly good, and the relationship between Bovine and Human Tuberculosis is well dealt with.

An exceedingly interesting chapter on Tropical Diseases has been added, and the results of the recent researches in the Ætiology of Malaria, Yellow Fever, Malta Fever, and Sleeping Sickness are embodied in it.

The Authors are well-known authorities on the Legal and Administrative Branches of Public Health, and it goes without saying that this portion of the book is of the highest order.

All the recent legislation in Public Health is included, and the matter is so well treated that the book is well worth getting for this alone.

Appointments.

BARRETT, H. E., L.R.C.P., M.R.C.S., Honorary Anæsthetist to the London Throat Hospital.

BOND, Francis T., M.D.Lond., re-appointed Medical Officer of Health to the Thornby District Council, Gloucester.

PALMER, R. E., L.R.C.P., M.R.C.S., Junior Obstetric Officer to the Hospital.

ROUS, John Bart., L.R.C.P., M.R.C.S., House Physician to Dr. Phillips, and Editor of the GAZETTE.

STRATON, A. W. K., L.R.C.P., M.R.C.S., Senior Obstetric Officer to the Hospital.

Change of Address.

Agate, H. St. Arnand, L.R.C.P., M.R.C.S., 9, King Edward Mansions, Shaftesbury Avenue, W.C. (Telephone 7786 Gerrard).

Brown, J. Quinton, M.D.Brux., L.R.C.P., M.R.C.S., 17, Palmeira Square, Hove, Brighton (Telephone 20 National, Brighton).

Crawley, H. E., L.R.C.P., M.R.C.S., "Mansfield," Wendover, Bucks.

Dayus, F. H., L.R.C.P., M.R.C.S., Cumberland Lodge, Romford Road, Forest Gate, Essex.

Jackson, A. L., M.D., B.C.Camb., "Clovelly," Granville Road, Broadstairs.

Pass Lists.

UNIVERSITY OF CAMBRIDGE.

DEGREE OF M.B.

F. W. Goyder, B.C., L.R.C.P., M.R.C.S.

UNIVERSITY OF DURHAM.

DEGREE OF M.D. (PRACTITIONERS).

C. R. Handfield-Jones, L.R.C.P., M.R.C.S.

CONJOINT BOARD.

FIRST EXAMINATION.

Parts I. and II.

Chemistry and Physics.

C. D. Faulkner, A. J. Tozer.

Part III.

Elementary Biology.

H. J. Nash, J. M. Smith.

Part IV.

Practical Pharmacy.

R. B. Adams, H. S. Ollerhead.

SECOND EXAMINATION.

Anatomy and Physiology.

J. H. Burdett, S. F. Huth, A. A. Lynch, J. H. Meers, A. H. L. Thomas.

The Services.

ROYAL ARMY MEDICAL CORPS.

Lieut. H. G. S. Webb, L.R.C.P., M.R.C.S., has arrived home from India on leave of absence for 6 months on Medical Certificate.

Capt. H. B. G. Walton, L.R.C.P., M.R.C.S., has arrived home from Barbadoes.

Capt. G. B. Riddick, L.R.C.P., M.R.C.S., has embarked for India (September 20th, 1905).

Lieut. N. Low, L.R.C.P., M.R.C.S., has embarked for India (September 6th, 1905).

Lieut. H. H. J. Fawcett, L.R.C.P., M.R.C.S., has proceeded to Harrismith, S. Africa, for duty (June 20th, 1905).

INDIAN MEDICAL SERVICE.

PROMOTION.

Lieut. J. C. G. Kunhardt, L.R.C.P., M.R.C.S., has been promoted to Captain.

ARMY MEDICAL RESERVE OF OFFICERS.

PROMOTION.

Surgeon-Captain Atwood Thorne, M.B.Lond., L.R.C.P., M.R.C.S., is promoted to Surgeon-Major.

Announcements.

BIRTH.

FRANCIS.—On Nov. 1st, at Arnold, Notts, the wife of Harvey Francis, M.D.Durh., L.R.C.P., M.R.C.S., of a Son.

MARRIAGE.

WEBB—MITCHELL.—In October, at Beckhampton, Lieut. H. G. S. Webb, R.A.M.C., L.R.C.P., M.R.C.S., son of Dr. Hugh Webb, to Violet Welbank Mitchell, daughter of Mr. and Mrs. T. Welbank Mitchell, of White Lodge, Cheltenham.

DEATHS.

GRAVELY.—On July 5th, 1905, at Silcuri, Cachar, India, Donald Thomas Gravely, L.R.C.P., M.R.C.S., aged 40 years.

LEGGATT.—On October 24th, at the Hospital, Claude E. H. Leggatt, L.S.A., aged 30 years.

SMITH.—On October 12th, Lieut.-Colonel Maurice H. Smith, I.M.S., L.R.C.P.Edin., M.R.C.S., aged 55 years.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XI.—No. 10. **DECEMBER, 1905.** **Price 6d.**

Notes.

Our felicitations to Mr. Edmund Owen on his recent return to the Council of the College of Surgeons considerably at the head of the poll. May he long continue his seat in the "front row" of the classic chamber in Lincoln's Inn Fields.

We regret that this number appears too late to include a report of the Musical Society's Concert in aid of the Students' Cot Association, but writing before the event we hear that a programme has been arranged which leaves no doubt as to the success of the entertainment.

The Index for the year is herewith published. If there *are* any readers who have not yet paid their subscriptions let them remember that Christmas bills are long and time is fleeting, and let them pay up before all their available funds are quite exhausted.

We publish a short obituary notice of poor Huggins, late pathological porter to the Hospital, and particularly direct our readers' attention to the brief appeal at the end of it on behalf of his widow and two young daughters. Many old St. Mary's men will doubtless be pleased to help in an excellent cause; all subscriptions should be sent to Dr. Mitchell Bird *before the New Year.*

It is a pity that the memorial service in the Chapel was not more widely announced, as there were many men not present who, had they known of it, would have been glad to show the poor fellow a last tribute of respect.

We sincerely congratulate Mr. Kelly (who was formerly Sub-editor of our Gazette) on the brilliant finish to his academic career, by which he obtained within a week the gold medal at the B.S. examination at London University and the Fellowship of the College of Surgeons. On second thoughts we apologise for the word 'finish'—we shall shortly hope to see his name equally high in the M.S. list.

The recent M.B., B.S. list was a most satisfactory one for St. Mary's, no less than eleven names out of a possible twelve appearing in it, including two, out of a total of nine, in the Honours list. We congratulate both teachers and taught on this happy consummation.

An interesting pamphlet has reached us on the Bacteriology and Pathology of Mediterranean Fever, by Surg. T. Gilmour, R.N., including the agglutination reactions in a series of cases. The author is at present seconded for Hospital work.

It may interest many of our readers to hear that in Sir T. Burdon-Sanderson's recent death, St. Mary's lost the oldest of her former lecturers; he served as far back as 1854-5 as lecturer on Botany in the Medical School.

That Christmas is once more in the air is evidenced by the usual prodromata of the festive season. On entering the rooms of certain distinguished members of the House we find them addressing impassioned proposals to the ceiling, or (in the case of certain of the better-favoured) practising coy simperings in front of a laryngoscopic mirror.

The Gazette office has been so often converted into a rehearsing stage that its unfortunate Editor has had to move next door. All this means that Dr. Bird's company will tickle the sides of the most enthusiastic audiences known to any actor no less merrily than is its wont in the Theatre Royal, Out-Patients, on December 28th and 29th. Other signs and symptoms may be seen when a ward cupboard inadvertently displays a store of choice Christmas paper chrysanthemums. Indeed, in one department the flowers can be almost heard growing, but not the most Casual hint shall fall from us of its whereabouts. The real old crusted fogs have started, the voice of the banjo is heard in the land, the House's special social reformer is, we hear, arranging with the Powers that the Pudding shall contain its full measure of plums to the cubic millimetre, and everything bids fair for a real old-fashioned merry-making.

As usual, pianos will be placed in twelve of the wards for use between 4 and 8 p.m. on Christmas and Boxing-Day; the Children's Board-Room Christmas-Tree entertainment will take place on the 27th (Wednesday) and the two nights of the Residents' Play on Thursday and Friday will wind up the festivities.

It is specially hoped that all men who can sing, play, recite or otherwise help to amuse the patients in the wards will not be bashful in coming forward, and also that many of those kind friends who have come to help from outside in former years may again volunteer their services in an excellent cause.

The Musical Society have kindly arranged a Concert Party which will visit the Hospital on Boxing Day. We hear that it is expected in Thistlethwayte about 4, in Victoria about 5, and in Lewis Loyd about 6 o'clock.

We long knew that Hicks, formerly porter in the Pathological laboratory, devoted his spare time to the cultivation of a taste for music and acted as organist in a surburban church. He has now entirely deserted the halls of Æsculapius for the sweeter groves of Syrinx, laid down the scalpel to assume the lyre, and changed a porter's apron for the flowing robes of a priest of the tuneful mysteries of Polyhymnia. We trust our readers will excuse this somewhat turgid phrase, but we feel that plain English does not do justice to the Doctorate of Music that his talent has earned him.

Through the kind liberality of Mr. Alfred de Rothschild, Treasurer of the Hospital, the nursing staff are now the happy possessors of a splendid upright grand pianoforte by Messrs. Broadwood (whose name alone is a guarantee of its excellence.) Mr. Rothschild had heard that the old piano was unworthy of its new abode and the talent of many of those who used it, and sent the good round sum of fifty guineas as a gift to our nurses from his firm. Messrs. Broadwood executed the commission in a no less liberal spirit by not only sending an even finer instrument than one which could ordinarily be bought for that figure, but by declining to accept all the money that a music stool and a good supply of music might also be obtained. We hear that on December 8th an impromptu concert was organised to welcome the new arrival, and at the close a hearty vote of thanks and the following resolution of gratitude were passed with acclamation. "That the staff nurses of St. Mary's Hospital offer their very grateful and cordial thanks to Alfred de Rothschild, Esq., C.V.O., Treasurer of the Hospital, for his most welcome gift to them of a magnificent piano." The instrument bears a silver plate recording the generosity of its donor, which so worthily upholds the traditions of his firm.

A delightful little book has been sent us with an inscription which suggests that its author is not a complete stranger to St. Mary's. It is called "Laputa" and professes to be written by Gulliver Redivivus; one might really fancy it written by a resuscitated Swift, so aptly does it create the caustic atmosphere of that satirical dean; but it suggests Swift purged of his grossness, and though many prominent persons are shrewdly smitten by the jester's bauble, yet can they afford to sit up merrily rubbing their pates, and laugh heartily at their neighbour's drubbing. The cream of this clever squib is perhaps the address delivered before the Caseographical Section of the Laputan Association for the advancement of Science

by Lord Cheddar on "The Reasons for my Belief that the Moon is not made of Green Cheese" which recalls most excellently the portentous solemnity of a British Association Presidential Address. We shall not spoil our reader's enjoyment of this volume by quotations from it, but strongly advise them to invest a shilling in its purchase. It is neatly printed and published by Messrs. Hirschfield Bros.

We have received the following interesting suggestion from a correspondent:—

SIR,—I observe with deep regret that those engaged in research in this Hospital entirely neglect the field opened by Patent Medicine advertisements. Let me make my meaning clear. I read in the daily papers that "Bile Beans cure biliousness." Now this statement must either be accepted or proved false. I would urge our Physiologist to procure a bilious badger, and administer to it as many "Bile Beans" as it can conveniently hold, and take careful notes of the consequences. This would be far more instructive than many "negative variations." Again, I find it categorically affirmed that somebody's "Blood Mixture" will remove all impurities from the system from "whatever cause arising." Could not our Bacteriologist find a guinea-pig with impurities in its system (from whatever cause arising) and mix the above remedy with its breakfast, lunch, and dinner? How illuminating the result might be! Once more, I am informed that a certain soap "won't wash clothes." Why should not one of our resident staff personally investigate this dictum and save his washing-bill? The experiment would be crucial, and the outcome of intense interest.

Surely, Sir, we should tackle the problems that are thrust under our noses, rather than indulge in profitless speculations on such unpractical subjects as "the action of opsonins on the rate of transmission of the nervous impulse in stout and thin individuals," or "the influence of the dosage of chloroform on the mortality amongst laboratory cats of all ages and sexes."—Your obedient servant,

"A SEARCHER AFTER TRUTH."

We do *not* hold ourselves responsible for this most irresponsible correspondent.

We can absolutely vouch for the truth of the following dialogue:—

(*Scene: Hall-porter's Lodge. Porter admitting a baby patient.*)

Porter (*to mother*). What's his Religion?
Mother. 'E 'aint got none.
Porter. What' his father then?
Mother. Oh 'e 's a Catholic.
Porter. Then the child must be a Catholic.
Mother. No 'e aint; 'e was born in London, 'e's just a Corckney!

St. Mary's Hospital Medical Society.

Oct. 4.—The President, Dr. W. Harris, took the chair; 68 members and 5 visitors were present.

A case of Addison's disease was shown by Mr. Wells, and one of incipient G.P.I. by Mr. Cope.

Prof. Wright delivered an address on the Physiology of Belief.

In the course of the address he proceeded to classify the fallacies of belief as follows:—

1. The fallacy of hypereikonogenetic presentations.
2. The fallacy of hypereikonokinetic responsiveness.
3. The fallacy of hyperkinematurgical subject-matter.
4. The fallacy of already organised visceral reflexes.

Some discussion followed the address, and Dr. Wright made an eloquent reply.

Microscopical specimens in connection with malaria were shewn by Capt. Clayton Lane.

Oct. 25.—Mr. C. I. Graham shewed a case of cervical anterior poliomyelitis, which provoked some discussion.

Mr. Graham then read a paper entitled "Some Difficulties in the Diagnosis of Children's Diseases," which we publish on page 118.

Dr. Harris touched upon some of the points brought up by Dr. Graham, and attacked them from the medical aspect.

Dr. Langmead related some cases of children which presented difficulties in diagnosis.

Several other gentlemen took part in the discussion.

A hearty vote of thanks was awarded to Mr. Graham for his paper.

Mr. Spilsbury shewed microscopical specimens.

Nov. 8.—Mr. White shewed a case of radial aneurism, and Mr. Cope a case of senile locotomotor ataxia.

Dr. John Broadbent read a paper on "Some Diseases of the Pancreas; their Pathology and the Symptoms to which they give rise."

He first reviewed the physiology of the pancreas, and passed from this to the derangement of its function. In the course of the paper he discussed pancreatities and the relation between pancreatic disease and diabetes.

A long discussion followed, in which Dr. Harris and Dr. Phillips took a prominent part.

Slides were shown by Mr. Maynard Smith and others by Dr. Broadbent illustrating the paper.

Nov. 22.—Several interesting nervous cases were shewn, including two from Great Ormond Street, through the kindness of Dr. Langmead.

Microscopic specimens, including one of the spirochaete of syphilis, were shown by Capt. Douglas.

Dr. R. H. Cole read a paper on "The Asylum Medical Service."

Having alluded to the barbarous methods formerly in use for the treatment of the insane, he sketched the growth of various asylums.

In conclusion, he set forth the prospects of the career of a medical man who proposed to enter the service.

A discussion followed the paper, and after a vote of thanks was carried the meeting devoted itself to general intercourse and more material matters.

Some Difficulties of Diagnosis in Children.*

By C. I. GRAHAM, F.R.C.S.

After a few preliminary remarks, Mr. Graham proceeded to discuss—

MANIFESTATIONS OF CONGENITAL SYPHILIS.

The first points to which I would like to draw your attention are conditions simulating the manifestations of congenital syphilis. One has often seen the condition of "snuffles," as an only symptom, used as strong evidence for a diagnosis of syphilis in an infant. I take it that the word denotes partial nasal obstruction accompanied by a discharge from the nose, causing a snuffling noise when the infant attempts to breathe through the nose in such occupations as feeding and crying. Since partial nasal obstruction is caused by other conditions than syphilitic coryza, for instance by post nasal swellings, *e.g.* Retro-pharyngeal abscess and adenoids, it is almost as necessary not to omit an examination of the naso-pharynx, as to obtain some positive evidence of syphilis before subjecting the infant to a course of grey powder. Typical syphilitic coryza is a chronic affection beginning as a muco-purulent discharge, which becomes purulent and tinged with blood, and which may be accompanied by necrosis of the bones of the nose, giving rise to the well-known depressed bridge. It is among the earliest signs of congenital syphilis. Then again, an erythematous rash is frequently seen in that site known as the "bathing drawers" area, or, as it might more properly be called at this period of life, "the napkin area." This rash is usually due to two causes, either contact with foul napkins, or congenital syphilis, or both. The rash of syphilis is at first bright red, fading in a few days to a colour resembling that of lean ham, and finally becoming a coppery stain before disappearing. It does not itch, and there are usually patches in other parts of the body. The rash due to careless nursing disappears without leaving any stain, by proper attention to dryness and cleanliness. It is as well to remember that an infant may have scabies, caught from the mother, as well as a syphilitic rash; but the condition is not common. *Although interstitial keratitis* is usually met with at puberty, it may occur as early as the fifth or sixth year. It must be distinguished from conjunctivitis and corneal ulcer.

Pure conjunctivitis may be at once excluded by an examination of the cornea, which should be transparent with a smooth lustrous surface. In corneal ulcer, the surface of the cornea is uneven and tough from loss of its superficial epithelium: if any blood-vessels are seen, they pass directly from the conjunctiva, superficial to the sclero-corneal junction, and branch in an irregular manner. Instillaton of fluorescine shows a green colour over the area of an active ulcer.

In *interstitial* keratitis, the cornea is hazy, but its surface is smooth and even, although it may have lost its lustre. If blood-vessels are present they arise from the ciliary vessels, and cannot be seen as they pass the sclero-corneal junction. Their branches are arranged in almost parallel bundles, like a crossing sweeper's broom.

In an old opacity of the cornea, it is important to examine with a high lens for any traces of vessels, since it is by their form that one may ascertain whether the cause of the opacity was interstitial keratitis or cornea ulcer.

One is so accustomed to see *tuberculous disease of the joints* in children, that one is apt to overlook the manifestations of syphilis. This is especially so in gummatous Arthritis of the knee, where one finds a unilateral pulpy thickening of the synovial membrane, with a small amount of fluid in the joint, no pain, heat or redness, and free movement in extension and flexion up to a certain point, this point being determined by the tightening of the thickened synovial membrane, which acts mechanically.

Its course is extremely chronic, with frequent relapses even under treatment,—and will be distinguished from Tuberculous Arthritis by the freedom of movement which is not *usually* seen in such cases if so far advanced as this; also, of course, there may be slightly marked signs of syphilis elsewhere.

In the region of the shoulder joint in infants, there are three conditions that should be noted. The commonest of these is fractured clavicle, of the green-stick variety, which arises sometimes from a very trivial injury. The arm is held motionless, there is nothing abnormal to be felt, at any rate until callus is formed, and one must be content with excluding the other conditions, namely, the onset of syphilitic epiphysitis, and of acute arthritis.

In acute arthritis, there is a swelling of the joint, and the child looks extremely ill.

In syphilitic epiphysitis, there is no effusion into the joint, at any rate in the early stages, and there may or may not be slight thickening of the periosteum at the upper end of the humerus.

If there are no suggestive signs of syphilis, one can quite understand the difficulty of distinguishing between fractured clavicle and early epiphysitis, especially when the patient objects to manipulation, as is usually the case. Therefore one can do no more than administer grey powder and bandage the arm to the side; since it is better to treat a fractured clavicle with grey powder than to treat syphilis with a bandage. A few days will suffice to establish a diagnosis.

SCROTAL SWELLINGS.

Of abnormal swellings in the scrotum, the more common are Hydrocele and Hernia. The form of hydrocele which more especially is mistaken for hernia is that in which the whole of the processus vaginalis is distended with fluid, and in which there is a communication with the peritoneal cavity. There is a distinct impulse to be obtained when the child cries, the swelling is reducible, it becomes smaller upon lying down and larger in the erect position.

The impulse is the same in both, but in the hydrocele the reduction is slow and uniform, while in hernia there is a sensation imparted to the fingers of a distinct flip, owing to the sudden reduction of the last piece of gut.

* A Paper read before the St. Mary's Hospital Medical Society, on October 25th ult.

Again, in hydrocele there is always a marked constriction at the neck of the sac, marking the transition from scrotum to abdomen, and if pressure is applied to the lower part of the sac, a distinct shoulder can be felt marking the beginning of the neck.

There is another point that I have observed, and that is the lax condition of the skin over a hydrocele, as opposed to the tense skin of a hernia; and a tense hydrocele is always more tense than a hernia of the same size, provided that it is not strangulated. I know of no reason why this should be so, and would be glad of any suggestions.

There is one point about which I should like to warn you before we go to another subject, and that is, the test of translucency is unreliable in children, since the intestine transmits light.

ABDOMINAL PAIN.

In considering Abdominal Pain in children, the field is much more limited than in the case of adults. And I hope that the following method of diagnosis may prove of some use.

The Causes are divided into Acute and Chronic.

Acute.—First exclude Extra-abdominal causes, such as Pneumonia, Pleurisy, Pericarditis; also causes of Acute Gastro-intestinal irritation, such as Food poisoning, Cholera Infantum. Then the remaining causes come under three headings—I. Peritoneal; II. Intestinal; III. Colic—all three of which may be named Acute Surgical Conditions.

In children, the third group, which comprises Renal and Biliary Colics, has no need for discussion in this paper owing to their exceeding rarity.

The Peritoneal group includes—I. Hœmorrhage, and II. Infections, which latter may be (*a*) Local or (*b*) General. Local infections are caused, in order of frequency from a general surgeon's point of view, by affections of the pelvic organs, appendix, gall-bladder, and stomach. General infections, by stomach, appendix, gall-bladder, and pelvic organs.

In children the diagnosis of the cause of peritonitis will be simplified somewhat when one remembers the rarity of all the affections enumerated, with the exception of those of the appendix.

The Intestinal group includes all causes of obstruction such as Hernia, Volvulus, Intussusception and Strictures. Strangulated herniæ of the external variety will not usually give much difficulty, but the internal variety will probably not be differentiated from Volvulus or from Intussusception when the latter do not show any typical signs.

Special Symptoms.—All Acute Abdominal conditions begin in the same way, with Pain, Vomiting and Collapse. The pain is paroxysmal, griping, and most intense in the umbilical region.

The characteristics of the Peritoneal group are (*a*) Tenderness, (*b*) Rigidity, (*c*) Absence of Respiratory movements.

Too much reliance must not be placed upon the thermometer and the condition of the pulse.

The special signs of Hœmorrhage are (*a*) Restlessness, (*b*) Profound anæmia, (*c*) Blindness, (*d*) Consciousness.

The characteristics of the Intestinal group are those of Obstruction, which differ from the peritoneal group in that there is no rigidity, very little tenderness, and the presence of respiratory movements. Peristalsis may be seen in obstruction, but is absent in peritonitis.

B. *Chronic Pain.*—By far the most frequent cause of chronic abdominal pain is caries of the dorsal vertebræ. And all cases should be examined for the following points:—

(*a*) Angular deformity of the spinal column.
(*b*) Tenderness upon palpating any of the vertebræ.
(*c*) Rigidity of the spinal muscles, indicated by—
  (A) Stooping test.
  (B) Rotation of spinal column in one piece, instead of in consecutive segments from above downwards, in turning movements of the body.
(*d*) Loss of mobility of two or more adjacent spinous processes.
(*e*) Fulness or swelling upon palpating deeply in the lumbar or iliac regions.
(*f*) Spasm or wasting of the muscles of the lower extremities.

Other causes of chronic pain are:—Gastro-intestinal irritation—for instance, worms or food-poisoning—and enlarged lumbar glands secondary to other conditions than spinal caries. The secondary glands present a swelling in the lumbar region, without any of the other signs associated with spinal caries.

I have purposely left tuberculous peritonitis to the last, for the simple reason that it may be said practically to simulate any intra-abdominal condition in signs and symptoms whether acute or chronic, and therefore this condition must be remembered when one is dealing with abdominal pain, which is not quite typical in its association with other symptoms.

HIP AFFECTIONS.

There are many conditions which simulate Tuberculous disease of the Hip joint, and before they are discussed it is as well perhaps to say something about the signs of Hip disease itself.

It must be remembered that there is no single symptom that is pathognomic of the condition, and that several factors have to be taken into account before a diagnosis can be made. Also it is here that the utmost gentleness must be employed; otherwise the child would be hurt as well as frightened, and it is only by gaining its confidence that one can make the most of the data that are necessary for a diagnosis.

It is in the early stage, as opposed to the later, that difficulties arise, and it is needless to enlarge upon the importance of recognising incipient Hip disease.

The following is a brief account of the signs that would be observed in the investigation of a case:—(*a*) Lameness, (*b*) pain, (*c*) a certain posture, (*d*) impaired movement, (*e*) muscular wasting, and (*f*) perhaps some fulness about the joint.

Lameness is usually the first sign that is noticed by the patient's friends, and which causes them to apply for advice. It is merely the indication of an abnormal condition present in the lower limb.

Pain is variable in amount, and may be quite misleading. That this is so, may be readily understood by considering the nerve supply to the hip. The anterior crural, obturator, and sciatic supply branches to the joint, and, in addition, supply various parts of the limb below, especially the knee joint; and this explains how it is that pain due to hip joint disease

may be felt in positions which are not in close relation to the joint.

The posture assumed by any inflamed joint is that of greatest ease, and it has been proved experimentally that the position of greatest ease in the hip joint is one of flexion, abduction and rotation outwards.

Impaired movement.—This is due to two causes. First, reflex spasm of the muscles which control the joint, caused by irritation of the articular filaments of the nerves which supply the muscles; secondly, from voluntary contraction of the muscles to prevent movement of inflamed structures. In order to gain the greater benefit from one's observations in this respect, it is a good plan to gently manipulate the sound limb as a preliminary measure; in this way one can compare the movements of the two limbs, and one *may* gain the confidence of the patient. The diseased joint is manipulated through the full range of its movements, and deductions are drawn. A most important point is the character of the rotation of the head of the femur in the acetabulum. If the articular surface is diseased, rotation is lost or impeded even through a narrow arc; if the articular surface is free, the sensation imparted to the femur is that of smooth and free movement of the head of the bone through a certain definite range, although full movement may be limited by extra-articular conditions.

Muscular wasting is a constant and important symptom in any joint disease—in the early stages it is noticed by comparing the two limbs by sight and touch—the most noticeable point being partial obliteration of the gluteal fold. Upon comparing the muscles of the two limbs by palpation, the muscles of the affected limb are distinctly more flabby than those of the sound limb.

That the wasting is not due entirely to disease, but is a nervous phenomenon, is proved by the rapid onset, the slow recovery, and experimentally by Sherrington, who divided the posterior nerve roots between the cord and ganglion, and found that injury of a joint supplied by those nerves did not result in wasting of the controlling muscles, but that they did waste if no section was performed beforehand.

Swelling is not easily determined in the hip, but there may be a fulness in Scarpa's triangle due to distension of the joint, recognised by palpating in front of the triangle and behind the trochanter, also by the posture assumed by the limb.

It is now by carefully noting each of the points mentioned, that other conditions simulating Tuberculous disease of the Hip may usually be excluded.

The following is a useful method of classifying the various conditions which are among the more common of those which give rise to difficulty:—

(1) *Those in which pain and limping are the chief signs.* These signs will occur from conditions which cause pain along the distribution of the anterior crural, sciatic and obturator nerves; for example, pelvic tumour, knee joint disease, that comparatively rare affection Sacro-iliac disease, and lumbar caries.

Disease of the Hip joint will be *excluded* by noting the freedom of movement of the joint, especially in rotation; and whatever was the real cause would show its own characteristic phenomena. It is unnecessary to discuss here the differential diagnosis of the various causes themselves.

(2) *Conditions producing limitation of movement with a certain posture, and perhaps swelling, in addition to the above.* These are divided into (*a*) Conditions involving the Psoas muscle—Renal, Appendicular, Spinal Caries; and (*b*) Conditions involving the Psoas bursa.

These conditions cause contraction or shortening of the Psoas muscle, which only limits those movements of the joint that put the muscle upon the stretch. It must be remembered, in testing for rigidity of the spine in caries, that the usual test of holding the child by the ankles and then extending the spine is of no use here, since the contracted psoas is of itself sufficient to cause rigidity. The better method is to seat the child, and cause it to lean alternately forwards and backwards, and at the same time to place the tips of the fingers upon four adjacent spinous processes, in succession.

Disease of the Psoas bursa not communicating with the joint will show a swelling in Scarpa's triangle which is limited to the front of the articulation, and, in addition, the muscle is apparently shortened.

(3) *Other diseases of the joint itself.* The most common and most difficult to diagnose is Traumatic Synovitis. There are other conditions for which one must be upon the look-out, such as synovitis accompanying Scarlet fever; but then the general condition would suggest the cause. With regard to Traumatic Synovitis, there is very little that can be said about differential diagnosis, and it is mentioned here as a warning that all cases of apparently simple synovitis of the hip joint should be treated with the greatest respect, for two reasons: that there is no way of proving that it is not early tuberculous disease, and also that in the absence of a skiagram, it *may* be complicating impacted fracture of the neck of the femur.

(4) *The more common conditions producing shortening* of the limb are (*a*) Coxa Vara, (*b*) Congenital Dislocation, if one excludes Infantile Paralysis.

These two conditions do not simulate *early* tuberculous hip disease; and the differential diagnosis between them and *late* hip disease is comparatively simple. But owing to the frequency with which one meets these two conditions, it may not be out of place to discuss here their relations to each other.

Coxa Vara and Congenital Dislocation are alike in the following points: in shortening of the limb, raising of the great trochanter, in lordosis, in limitation of certain movements, and in that both are more commonly bilateral. The slightly marked forms of each are likely to cause mistakes.

In *Coxa Vara* the range of the various movements is normal in amplitude, but the site is changed; that is to say, limitation of rotation inwards is compensated for by the freedom of rotation outwards. Again, pure flexion is limited, but flexion combined with rotation outwards is increased.

In *Congenital Dislocation* the movements as a whole are free, with the exception of abduction. In addition, the limb can be temporarily lengthened by making traction upon the ankle. If the head of the femur can be localised, it simplifies the diagnosis; but it is often very difficult to make sure of its position without the use of an anæsthetic, or of a skiagram.

The Clinical Manifestations of Uræmia.*

By SIDNEY PHILLIPS, M.D., F.R.C.P.
Physician to St. Mary's Hospital and Lecturer in Medicine in the Medical School.

DISTURBANCES OF DIGESTIVE SYSTEM.

Vomiting.—True uræmic vomiting takes place without reference to the contents of the stomach and is often repeated and uncontrollable. The vomited matter is a watery fluid either distinctly ammoniacal to the smell or evolving ammonia when caustic potash is added (Roberts).

Diarrhœa often arises from uræmia, but there may be constipation, especially when the urine tends to be suppressed.

Severe abdominal pain may arise, referred to the whole of the abdomen or to one side of it, and there may be great tenderness over one or both renal regions.

Vomiting may be almost the only symptom of uræmia, but often after long continued vomiting more marked symptoms of nephritis develop; but on the other hand, considerable albuminuria and diminution of urine may precede the vomiting, which comes on when the urine has commenced to flow freely. Such cases occur after scarlet fever, perhaps also independently. In some of these cases the vomiting is so long continued, and the inability of the patient to keep anything down so complete, that death is threatened.

Obstinate Uræmic Vomiting without other symptoms in Acute Nephritis.—E. T., a girl of 15, under my care at the London Fever Hospital, had a scarlet fever eruption on July 10th, 1898, with a temperature of 100°. The case was a mild one, but on July 16th vomiting commenced with a very minute trace of albumen in the urine; this vomiting was incessant, and she was unable to keep down anything, even hot water, for 4 days. The daily quantity of urine passed was 35 oz. and the albuminuria was almost imperceptible. She had, however, much pain in the back, and on the 22nd vomiting recommenced and continued for many days, the patient's life being in danger from inanition; there was never any other symptom of nephritis, no dropsy or headache, and she eventually left the hospital cured. In this case there were very few symptoms of nephritis, but there was slight albuminuria and the vomiting was certainly of renal origin.

Uræmic persistent Vomiting for 37 days in Acute Nephritis.—M. G., a girl of 11, got a scarlet fever rash on July 21st, 1902, and came under my care at the London Fever Hospital. She went on without anything unusual till the 10th of August, when she got diarrhœa and a considerable quantity of albumen in the urine. This albumen soon sank to a very minute quantity; the urine, however, lessened, being only 10 ounces a day. There had been no vomiting while there was much albumen, but directly the quantity of urine lessened (and on August the 13th there was complete anuria,) violent and uncontrollable vomiting began, and persisted from August the 11th to September the 17th—37 days; during that time she could keep nothing down and was nourished entirely by the rectum; she became extraordinarily feeble and emaciated and was in grave peril for many days, but during all this time there never was any sign of nephritis other than the marked deficiency in the quantity of urine secreted and the minute cloud of albumen it contained. After the 17th Sept. the urine increased in quantity and she was convalescent on October the 23rd.

In other cases of uræmia there occurs severe abdominal pain, and this together with obstinate vomiting may simulate some acute peritoneal or intestinal lesion. Bradford remarks that "the grave error in diagnosis of mistaking uræmia for intestinal obstruction has been made more than once," and I append instances from my own experience of signs of uræmia being interpreted as appendicitis, as intussusception, as duodenal perforation, and as intestinal obstruction; in the last case laparotomy was performed. The main source of these errors has arisen from ignoring the fact that renal disease may produce very severe abdominal pain.

Severe vomiting diarrhœa and abdominal pain in Acute Uræmia.—Mr. S., a strong man of 55, feeling in perfect health, started on a three hours' railway journey immediately after eating a good lunch. In the evening he was shivering and vomiting and diarrhœa came on with pain in the back and abdomen. He got home the next day but the symptoms continued. I saw him three days later, on October the 15th, 1904, with his medical man who suspected appendicitis. The patient being stout, its exclusion was difficult, but we found the urine contained ⅜ albumen and many casts. Under treatment by the hot pack the symptoms and albuminuria disappeared and he was soon well, and is so now, a year later.

Severe vomiting and abdominal pain from uræmia resembling perforation.—G. G., painter, about the end of September, 1900, felt weak and gave up work; on the 5th of October he had a sudden pain in the abdomen and headache and on the next three days attacks of greenish vomiting. He was admitted into hospital, with vomiting and dull umbilical pain; the urine contained no albumen, sp. gr. 10·20; the bowels constipated. On October 13th he vomited several times. On October 15th his abdomen became much distended, the bowels acted fairly, there was repeated vomiting and much pain about the right flank; temperature normal. On the 17th the vomiting became nearly stercoraceous and profuse, the distention continued, and he became very tender in the region of the colon, with much tension of abdominal muscles in this region. He was thought to have some perforation, probably duodenal, and operation was suggested by the physician in charge at the time. He died on October 19th, the urine having got less and less in quantity till nearly suppressed. The necropsy showed the intestines, peritoneum, and stomach absolutely healthy, but both kidneys were in a state of advanced fibrosis and contained numerous cysts; little kidney substance was left.

Symptoms resembling intestinal obstruction from acute uræmia: Laparotomy.—L. E., aged 12, developed

* A Lecture delivered at St. Mary's Hospital, on November 3rd, 1905. Continued from the November number of the GAZETTE.

scarlet fever; on Sept. 26th, 1900, he did well till the 8th of October, when a cloud of albumen appeared, increasing to ⅛ by the 12th October, when there was also a trace of blood and some hyaline casts, and only 2 ounces of urine were passed in the 24 hours; no œdema except a little puffiness of face; slight headache. On the next day 13 ounces of urine passed but the albumen had increased to ¼. He now began to complain of severe pain in the abdomen, and vomiting came on, resisting all treatment; the vomit soon became chocolate in colour, but contained no blood. On the 14th I saw the patient in consultation; there was great pain in the abdomen and it was distended and tender; there was obstinate constipation and persistent dark vomiting, no food could be kept down and the boy was very ill; no urine could be got. The case resembled one of intestinal obstruction, but he passed flatus and we knew he had nephritis, and I did not recommend operation. He was seen by another physician, and on the same night laparotomy was performed for a supposed intestinal obstruction; none was found; the vomiting ceased and death occurred next day. No necropsy was obtained nor was it necessary, as the operation had demonstrated there was nothing wrong except the nephritis.

Fatal acute nephritis with vomiting in an infant.—H. G., a boy of 16 months, was well till May 6th, 1899: he vomited at 11 p.m., and diarrhœa came on. The vomiting and diarrhœa persisted all the next day and he refused all food except a little milk. On May 8th he was admitted into hospital with sunken eyes and rapid breathing; no abdominal distension or tumour; very tender in the right flank; vomited once afterwards and the diarrhœa continued. On the 9th he passed into a semi stupor with repeated vomiting and pulsating fontanelle. There were no signs of lung or intracranial disease, but the urine was nearly suppressed, it contained about ⅛ albumen. He died on the same day, the autopsy showing nephritis and some early pneumonia at the left base.

Urœmic vomiting and abdominal pain in an infant suggesting Intussusception.—E. C., 11 months, was attacked with sudden abdominal pain, vomiting, and diarrhœa on Sept. 10th, 1902. The vomiting was persistent, resisting all treatment, and was said to have become fæcal on the 22nd. The medical attendant found a swelling in the abdomen, and after examining the child under anæsthesia sent her to the hospital for intussusception. Her temperature was low, the child was continually crying with abdominal pain and there was much tenderness over the right kidney; it could be felt distinctly, which I think had given rise to the idea of intussusception, but the abdomen was flaccid. I found the child had passed very little urine, but the little there was in the bladder gave a good cloud of albumen. She was given citrate of potash and fed with a little milk. The urine each day was very small in amount and a catheter had to be passed to obtain any. The vomiting gradually got less and the albumen gradually increased to about ⅓; after November 19th it lessened and the child eventually recovered.

CIRCULATORY DISORDERS.

In many cases of nephritis there is associated arterial or cardiac disease; even in these cases urœmia is very probably a factor in producing circulatory difficulties.

The *pulse* in urœmia may be extremely and persistently slowed. Peculiar *fainting attacks* may occur, which seem more likely to be toxic in origin than the result of cardiac failure or altered blood pressure. Sir William Broadbent has pointed out the effect of the latter in producing epileptiform attacks.

Slow Pulse and Syncopal attacks from Urœmia.—S. R., aged 58, a clerk, became dazed while cleaning some glasses on April 12th, 1898, and fell unconscious on the floor. For four hours after this he felt weak and giddy, but went to work. On April 15th he had a similar but less severe attack; and on the 18th, while at breakfast, he fell over the tray and knocked the whole apparatus on to the floor.

Later in the morning he walked to the doctor's house, where he had another attack, worse than the others, and followed by headache and great collapse.

He came under my care on April 18th—a healthy-looking man, cheerful and bright—but his eyelids were puffy, and the urine was small in amount and contained ⅛ albumen, and urea 2·6 per cent.; the pulse only 30 a minute. On April 21st he vomited, on the 27th he became drowsy; the urine increased in amount and the albumen got less, but the urea was only 2·8 per cent. After this there was no albumen, but on May 14th he had several attacks of unconsciousness; during one his pulse suddenly ceased for 30 seconds, and he rapidly got unconscious, his head falling forwards; he soon recovered himself, and his pulse rose to 120 a minute. On the 15th his pulse was 26, and he had two more attacks. After this he gradually got more dropsical; on the 29th albuminuria recurred, having been absent 53 days. He died a few days later of urœmic coma, the post-mortem showing granular kidneys.

RESPIRATORY DISORDERS.

Convulsions and coma, though the most striking, are not the most common symptoms of urœmia.

In far the majority of cases the complaint of the urœmic patient is distress in breathing. In some cases pneumonia or cardiac weakness may account for the dyspnœa, but quite apart from this the patient's complaint in urœmia is usually dyspnœa in some form.

The *dyspnœa may be due to œdema of the lung.* This, however, is urœmic dyspnœa, for the œdema itself results from the urœmia. "The most striking post-mortem appearance of acute urœmia is the presence of œdema of the lungs." (Bradford.) In acute urœmia we always find œdema and engorgement of the lung post-mortem. In chronic nephritis œdema of the lung is sometimes part of a general dropsy, sometimes the result of urœmia. In acute cases one must beware of interpreting œdema, together with dyspnœa, as evidences of acute pneumonia. Urœmic dyspnœa may take the form of some *disorder of the respiratory rhythm*, such as Cheyne-Stokes breathing; or more often there may be a series of short inspirations at equal intervals, with long intervals of apnœa.

Another form of urœmic dyspnœa is *renal asthma*—paroxysmal attacks of urgent dyspnœa—often occurring at night, and frequently superadded to a more moderate degree of permanent dyspnœa.

Asthma of this nature is most often met with in chronic granular kidney; and whenever nights of gasping and suffocation without other symptoms are complained of, the urine should be examined.

Apart from these special forms of urœmic dyspnœa, urœmia is often accountable for the *permanent dyspnœa* existing so often in cases of chronic nephritis.

Even when the urœmic patient has passed into coma, one of its main features is the cyanosis and dyspnœa with characteristic hissing inspiration.

In the coma of urœmic children the dyspnœa and cyanosis may be so marked, as I have already pointed out, as to give rise often to the idea that the child is suffering from pneumonia.

LATENT URŒMIA

is a condition where the patient remains for many days unconscious, with no coma, convulsions, or dyspnœa, but with myosis, fall of temperature, occasional vomiting; towards the end slight and rare twitchings of the voluntary muscles, and perhaps slight drowsiness may be present. Sir William Roberts described this form of urœmia as characteristic of obstructive suppression of urine, as from calculi in the ureters; but it does not appear to be limited to cases of obstructive suppression. Bradford records a case where "latent urœmia" resulted from reflex suppression of urine, and another where the function of the kidneys was abruptly arrested by thrombosis of the renal vessels; and Herringham (Path. Society, Oct. 1905) met with a similar case.

Latent urœmia, then, is characteristic of, but not limited to, cases of obstructive suppression of urine.

There are many other symptoms of urœmia than those included under the above divisions. Severe headache often in the early mornings, deafness, and amaurosis without any discoverable lesion and many other symptoms occur.

But I would sum up the purport of this lecture as follows:—

(1) Urœmia is probably due to toxins in the blood arising in renal disease, but the composition of which is not known.

(2) It may arise in all forms of kidney disease or failure of renal function.

(3) It occurs at all ages, even in young infants.

(4) It may come on in the midst of other symptoms of acute or chronic renal disease, or suddenly as their first noticed symptom in patients with chronic renal disease.

(5) The most constant symptom of urœmia is dyspnœa, sometimes paroxysmal (asthma), sometimes persistent, and sometimes due to œdema, which is a direct result of urœmia. Disorders of respiratory rhythm may also result from urœmia.

(6) Hemiplegia and unilateral convulsions may result from urœmia. The former is usually not persistent, but is otherwise very difficult of diagnosis from hemiplegia, from other causes.

(7) Delirium and mania may occur from urœmia.

(8) Digestive disturbances from urœmia may, on account of the abdominal pain and vomiting they produce, simulate appendicitis, intestinal perforation, intussusception, or obstruction.

(9) Syncopal attacks and persistent slowness of pulse arise from urœmia. Urœmia may manifest itself in the "latent form."

Obituary.

JAMES HUGGINS.

It is with deep regret that we announce the recent death of James Huggins, who died on November 29th, of pneumonia, after a very brief illness. Although he was but 40 when he died, he had served the Hospital and School faithfully and conscientiously for twenty-one years; his work lay entirely in the Pathological Department, and a very skilled workman he became, a fact to which the shelves of our Museum will long testify in the many beautiful Kaiserling preparations that he put up under the direction of our recent Curators. His untimely death strongly recalls the end of poor Webb, who was stricken down by the same disease just three years ago; and though the two were so different in their stature and appearance, they shared two characteristics in common—that of most tactfully and unobtrusively helping junior men in work which was fresh and strange to them, and that of an unfailing good temper and readiness to oblige others. Huggins deserves honourable praise also for the discretion he displayed on the many occasions when he was engaged to help at important medico-legal autopsies. We believe no reporter ever induced him to violate a true "professional confidence," and we doubt not his temptations were many. On the day of his funeral a largely-attended memorial service was held in the Hospital chapel, at which many of his fellow-porters were present. At this service the organist was Dr. Hicks, his old fellow-worker, who played the "Dead March" from "Saul" with the utmost feeling. He leaves a widow and two children, who are no better provided for than is usual when a man who has had no special chance of saving dies young. A subscription-list has been opened on their behalf with a good start, and we earnestly appeal to any old St. Mary's men who remember his work with appreciation—and they must be many—to spare at least a few shillings to help keep them from destitution; Dr. Mitchell Bird will be very pleased to receive any contributions for his family, to whom we offer our sincere sympathy for their irreparable loss.

Books Received for Review.

LANDMARKS AND SURFACE MARKINGS OF THE HUMAN BODY. By Louis Bathe Rawling, M.B., B.C.(Cantab.), F.R.C.S., Asst.-Surgeon, etc., St. Bartholomew's Hospital. London: H. K. Lewis. Pp. xij. and 96. 5/- net.

THE PHYSIOLOGY AND THERAPEUTICS OF THE HARROGATE WATERS. By William Bain, M.D., M.R.C.P., and Wilfrid Edgecombe, M.D., F.R.C.S. London: Longmans, Green & Co. Pp. xij. and 300. 7/6 net.

TEXT BOOK OF MATERIA MEDICA. By C. R. Marshall, 10/6 net.

CLINICAL OBSTETRICS. By ROBERT JARDINE, M.D., F.R.S.Edin. London: Rebman. Illustrated, pp. xxvij. and 609. 17/- net.

St. Mary's Hospital Football Clubs.

RUGBY.

ST. MARY'S HOSPITAL (nil) *v.* ROYAL MILITARY COLLEGE (5 points).

A scratch side, with every man playing his own particular modification of rugger, trying to keep out really hot outsides, and failing to the tune of five points. Forward we brought off some rather useful rushes, but the scrum was weird and wicked, and can't be described—in the GAZETTE.

ST. MARY'S HOSPITAL (3 points) *v.* BEDFORD (12 points).

We adopted the New Zealand methods (theoretically) as a defensive move. The Hospital seven worked like blacks in the scrum, and quite held the Bedford eight. Littlejohn and Louwrens were all over their halves, while the three-quarters "spoiled" splendidly. The wing forward certainly keeps the score down, and should be very useful in Cup Ties where orthodox methods seldom come off; but the position is an extremely difficult one, and at present the Hospital "Gallaher" merely gets in the way in attack. A very hard game and an excellent result.

ST. MARY'S HOSPITAL (nil) *v.* ROYAL ENGINEERS (2 goals 2 tries).

Most of the team retired into private life after Paris, and the journey to Chatham frightened the rest. We did quite well under the circumstances to only go down by 2 goals and 2 tries. The 2nd team forwards were useful, and Hopkins when he learns the game should make an excellent forward. The backs failed to stop the loose rushes of the Engineers' pack. To drop on the ball with the certain knowledge that you will get some one's feet in your ribs requires some devil, but any one who's not game for this sort of thing should take to a less vigorous pursuit.

ST. MARY'S HOSPITAL (nil) *v.* ROYAL VETERINARY COLLEGE (1 goal).

Louwrens was away assisting Middlesex pick up points at the expense of Kent. The game was more or less of a free fight forward. Our forwards quite entered into the spirit of the thing. It really was a most amusing game in the scrum.

ST. MARY'S HOSPITAL 2ND XV.

2ND XV. *v.* HAMMERSMITH F.C.

Weakness in backs handicapped us in this match. Two tries were scored by Barker, our opponents scoring 1 goal 3 tries.

2ND XV. *v.* EALING "A" XV.

As usual, a weak three-quarter line proved our undoing. Our opponents won a very good game by six points to nil.

"A" XV. *v.* R.N.C. "A" X.V.

Though stronger than usual, we were rushed off our feet and defeated by 5 goals 3 tries to nil.

ASSOCIATION.

ST. MARY'S HOSPITAL *v.* ROYAL NAVAL COLLEGE, GREENWICH.

This match was played at Greenwich, on Wednesday, November 15th, and resulted in a win for the Home team by 4 to 2.

Hayes and Wickham were unable to play, and Archer did not turn up owing to some mistake till about ten minutes to time. The goals were scored by Mathews and Basford for the Hospital.

ST. MARY'S HOSPITAL *v.* R.M.C. CAMBERLEY.

At Sandhurst. The home team were victorious by 6 goals to 1. The score by no means shows the nature of the game, play throughout being fairly even and fast. We played one man short, but Lascelles did his best to make up for the loss. He played very well, and scored our goal.

ST. MARY'S HOSPITAL *v.* R.N. COLLEGE, GREENWICH.

The ground at Wormwood Scrubbs was very sticky, and the light rather bad. The visitors kicked off and made their way towards our goal, but were repulsed by Bevis.

The Hospital then pressed, and scored by a good shot from Hayes.

At half-time the score was was one—nil.

On crossing over the visitors defeated Reade by a good shot. Mathews scored, and then Hayes made the score 3—1.

The visitors then scored 2 more, and Mathews another, thus leaving the Hospital victorious by 4 goals to 3.

2ND XI. *v.* ROYAL SCHOOL OF MINES 2ND XI.

An easy win for the Hospital by 5 goals to 1.

v. CENTRAL TECHNICAL COLLEGE 2ND XI.

Played at Wormwood Scrubbs, on Saturday, November 25th. The home team were very weak, but certainly ought not to have lost by 5—1. Basford scored our goal. Porteous played a good game at centre half.

The Tour of the Rugby Fifteen in France.

We left Waterloo on Friday night, Nov. 17th, a very lively crowd of nineteen. Creeping out of Southampton in the fog, we saw the last of the unfortunate "Hilda." For four solid hours in the early part of Sunday morning our boat lay at anchor outside Havre harbour in a dense mist. We were half frozen by the time the electric car had climbed the cliffs on the top of which the game with Havre was played. The score, 4 tries to nil, would have been much larger if any of

our backs had passed instead of holding on till collared. The French have a good deal to learn in Rugger. They tackle vigorously, and are fast and keen on the ball, but never seem to attempt to combine, while much of their energy is lost in gesticulating and talking. Hankin, the Old Merchant Taylors Captain, did most of the work forward. Of the backs, Wood at half, and Crichton, a cousin of Greenlees the Cambridge Captain and Scottish International of a few years back, at back, were excellent. Both played for France against Kent last year. After the game the Havre team entertained us to a banquet at the Hôtel Frascati, and proved delightful hosts.

M. Derode proposed the toast of the King, and Louwrens the President of the Republic.

Wood, their Captain, in giving St. Mary's Hospital, said they were very anxious the fixtures should become an annual event. Wilson replied. A great night, with every one in tremendous form. We left Havre on Sunday morning, and, long after Paris is forgotten, delightful memories of Havre and M. Mont will remain.

Snow had fallen in Paris, and the game with the Stade Francais was a scramble in slush, ending in a draw—1 goal each. The Stade forwards prepared for the fray by anointing their heads with oil. Possibly this had something to do with the Secretary playing wing forward. The referee understood neither English nor Rugger. In spite of spirited exhortations from our side, he gave a very feeble exhibition.

The Secretary of the Stade said many nice things in French after the game. Unfortunately, though we made desperate attempts, we quite failed to follow.

Results: St. Mary's, 4 tries; Havre, nil. St. Mary's, 1 goal; Stade Francais, 1 goal.

Golf.

ST. GEORGE'S HOSPITAL *v.* ST. MARY'S HOSPITAL.

Thanks to the courtesy of the West Middlesex Club, St. Mary's Hospital were able to bring off a golf match with St. George's. This match is the third played between the two Hospitals. We lost the first by 1 point, and the second was drawn.

The weather was not all that could be desired, a heavy hailstorm playfully visiting us during the middle of the match, but under the circumstances the course played exceedingly well. Mr. Lane and Mr. Paton were unable to play for us.

It was arranged to count 1 point for each match and ¼ point for a bye, if of 3 holes or more.

	Result.	Match.	Bye.	Points.
F. A. K. Stuart ...	win	1 up	halved	1
C. I. Graham ...	win	4 and 3	1 up	1¼
A. R. Littlejohn ...	win	3 and 2	...	1
A. V. Sedgewick ...	loss	1 down	...	0
J. W. Harrison ...	win	4 and 3	1 up	1¼
Mr. Clayton-Greene	win	2 and 1	...	1
				5½

St. Mary's Hospital, 5½ points; St. George's Hospital, 1.

We hope to arrange matches next year with other hospitals.

Club Gossip.

Lees and Galpin have come right away this season. Both are especially useful in the scrum. With a little more dash they should be well in the running for places in the United XV.

The United back division next season should be a hot lot. Lee back; Morgan, McEvedy, Lloyd and Stringer three-quarters; Louwrens and Wade halves. The U.H.F.C., with Monteith to lead the forwards, will take a lot of beating.

The man who scratches never lacks ingenuity in assigning a reason, but their genius flickers dimly in the light of a recent effort. Pathology and ping-pong, matinées, and mixed hockey, O.P.'s and P.O.'s have all served their purpose, but the gentleman who fails to turn out because he overslept himself is great and stands alone. The kick off was 3.30.

The draw for the Rugger Cup is as follows:—University *v.* King's—Bart.'s *v.* Guy's—Middlesex *v.* Westminster—London *v.* Charing Cross—Thomas' *v.* Mary's. The winner of our game with Thomas' will play Middlesex or Westminster in the second round. At the same meeting Mary's proposed and Guy's seconded that next season a 6 years' limit come into force, that after next season a 7 years' limit be law, and that no change be made in the qualification this season. This was carried unanimously.

The "A" XV. drew Bart.'s "A" in the 2nd XV. Rugby Cup. The U.H.R.F.C. resolved to present a Cup for this competition.

Fixtures are being arranged for next season with Bedford, Cambridge, Devonport, Albion and Gloucester. There is some talk of a game with the New Zealanders for the benefit of the Hospital Fund.

H. G. Willis was selected to play for "United Hospitals" *v.* R.A.G.C. at Aldershot, and A. W. Bevis was reserve left back.

We were glad to see Lascelles turn out again for the Hospital. He played a very fine game.

The Hospital has not yet played a full team, owing to Taylor, Redman, Archer and Martyn not being able to turn out.

Unfortunately Woolwich had to scratch their match with us owing to their inability to raise a team.

The 2nd XI. is doing well this season, only having lost one match.

We referred in our last number to a good cross-country feat performed by H. T. Barrett, a St. Mary's porter. He bettered this recently at Isleworth, winning the Thames Valley Club's silver medal for running 5 miles in 31 min. 53 sec., finishing second only to the United Harriers' representative in an open event.

Appointments.

GROSVENOR, R. L., L.R.C.P., M.R.C.S., Honorary Anæsthetist to the Victoria Hospital for Children.
MORGAN, W. PARRY, L.R.C.P., M.R.C.S., House Surgeon to Mr. Pepper.
STEPHENSON, SYDNEY, M.B.Edin., F.R.C.S.Edin., Honorary Ophthalmic Surgeon to the Queen's Jubilee Hospital, S.W.

Change of Address.

GRAHAM, C. I., F.R.C.S., 27, Queen Anne Street, W. (Telephone 626 Paddington).
HOUGHTON, L. F., L.R.C.P., M.R.C.S., Esplanade Cottage, Knightstone Road, Weston-super-Mare.
LOW, V. WARREN, M.D., B.S.Lond., F.R.C.S., 146, Harley Street, W. (Telephone 365 Mayfair).
ROSS, J. MACBAIN, L.R.C.P., M.R.C.S., Broken Hill, New South Wales, Australia.
WELLS, J. H., M.B., B.S.Lond., L.R.C.P., M.R.C.S., 94, The Grove, Ealing.

Pass Lists.

UNIVERSITY OF CAMBRIDGE.

DEGREE OF M.D.

B. J. Collingwood, M.B., B.C.
D. J. Morgan, M.B., B.C., D.P.H.

UNIVERSITY OF LONDON.

DEGREE OF M.B., B.S.

Honours (Medicine).

R. H. Miller, L.R.C.P., M.R.C.S.
J. Bart Rous, L.R.C.P., M.R.C.S.

Pass.

D. E. Finlay, L.R.C.P., M.R.C.S.
A. R. Finn, L.R.C.P., M.R.C.S.
T. E. Francis.
H. Isaacs.
J. H. Nixon.

DEGREE OF B.S. (*Honours*).

M. Fitzmaurice Kelly, M.B., F.R.C.S. (Gold Medal).

DEGREE OF M.B., B.S.

Supplementary Pass List.

GROUP II. (*Surgery and Midwifery*).

F. C. H. Bennett. E. T. H. Davies.
H. S. Hollis, L.R.C.P., M.R.C.S.

B.Sc. EXAMINATION.

E. W. Archer.

CONJOINT BOARD.

FINAL EXAMINATION.

Medicine:—H. Bazett, J. E. M. Boyd, H. M. Inman, V. G. Johnson, A. E. Leapingwell, U. Marks.
Surgery:—F. C. H. Bennett, G. H. U. Corbett, C. Lillingston, V. G. J. Paul, C. N. Slaney.
Midwifery:—E. Balthasar, F. C. H. Bennett, R. S. Gilmour, Q. S. Keat.
L.R.C.P., M.R.C.S.:—H. Bazett, G. H. U. Corbett, R. T. Gilmour, V. G. Johnson, A. E. Leapingwell, U. Marks, V. G. J. Paul.

ROYAL COLLEGE OF SURGEONS (ENGLAND).

FINAL FELLOWSHIP EXAMINATION.

M. Fitzmaurice Kelly, M.B., B.S.Lond.

FIRST PROFESSIONAL EXAMINATION.

R. Knowles, B.A.Camb.

ROYAL COLLEGE OF SURGEONS (IRELAND).

FINAL FELLOWSHIP EXAMINATION.

H. H. B. Cunningham, M.D.Brux., L.R.C.P., M.R.C.S.

The Services.

ROYAL NAVY MEDICAL SERVICE.

Surgeon P. D. Ramsay, L.R.C.P., M.R.C.S., has been appointed to H.M.S. Victory, for disposal.
Bertram Thornton, J.P., L.R.C.P., M.R.C.S., has been appointed Surgeon and Agent, at Margate.
C. de Lisle Carey, M.B., B.C.Camb., has been appointed Surgeon and Agent at Guernsey.

ROYAL ARMY MEDICAL CORPS.

Captain E. P. Hewitt, L.S.A., has arrived home from Bermuda, and is posted to Netley.
Lieut.-Colonel T. E. Noding, L.R.C.P.Edin., M.R.C.S., has changed station from Middleburgh, Transvaal, to Maritzburg.
Captain J. H. R. Bond, L.R.C.P., M.R.C.S., from Tidworth to Warwick.
Lieutenant O. Ievers, L.R.C.P., M.R.C.S., from St. Helena to Military Hospital, Wynberg, Cape Colony.

INDIAN MEDICAL SERVICE.

Lieut.-Colonel F. N. Rogers, D.S.O., L.R.C.P., M.R.C.S., Bengal, is permitted to retire from the Service, from December 16th. He was appointed Surgeon April 1st, 1885, and became Lieut.-Colonel April 1st, 1905. He was in the Burmese Campaign 1885-6 (twice mentioned in despatches, medal with two clasps) and with the Chin Hushai Expedition in 1889-90 (mentioned in despatches, D.S.O. and clasp).

ROYAL ARMY MEDICAL CORPS (MILITIA).

Lieutenant H. H. B. Cunningham, M.D.Brux., F.R.C.S.I., Reserve of Officers (late Royal Irish Fusiliers) to be Lieutenant.

VOLUNTEER RIFLES.

P. G. A. Bott, M.B.Lond., F.R.C.S.Edin., to be Surgeon Lieutenant in the 18th Middlesex Volunteer Rifle Corps.

Announcements.

BIRTHS.

HINKS.—On November 28th at "Lamorna," St. Vincent's Road, Southend-on-Sea, the wife of A. Grosvenor Hinks, M.B.Durh., L.R.C.P., M.R.C.S., of a Daughter.
LELEAN.—On October 29th at 11, Sydney Street, South Kensington, the wife of Capt. P. S. Lelean, R.A.M.C., F.R.C.S., of a Daughter.
WILLIS.—On September 28th, at Palmerston North, New Zealand, the wife of W. F. Willis, L.R.C.P., M.R.C.S., of a Son.

MARRIAGE.

LLOYD—SWORDER.—On October 10th at the Parish Church, Luton, Francis Seymour Lloyd, M.D.Lond., L.R.C.P., M.R.C.S., second son of the late E. Eyre Lloyd, Deputy Surgeon-General, I.M.S., to Constance Maud, daughter of Thomas Sworder, of Holly Lodge, Luton.

St. Mary's Hospital Gazette.

VOL. XII. 1906.

LONDON:
MORTON & BURT, LTD., PRINTERS, 187, EDGWARE ROAD, W.

1906.

CONTENTS.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XII.—No. 1. **JANUARY, 1906.** **Price 6d.**

Notes.

In consequence of the pressure of other work, Dr. Caley finding it impossible to devote so much time as hitherto to his official duties as Dean, Dr. N. H. Alcock, the Lecturer on Physiology, has been appointed Vice-Dean for the ensuing year. As a result of this arrangement, the Vice-Dean will undertake the supervision of studies for the Preliminary and Intermediate stages of the curriculum, and the Dean will be responsible for all matters relating to the period of clinical study. We are extremely glad that a course has been adopted which will allow Dr. Caley some measure of rest from his arduous labours without ending a Deanship that has proved of such extreme value to the Medical School.

At the risk of boring our readers, we wish them a very happy 1906, now that Christmas has come and gone, and once more the hospital is settled down to its accustomed routine. The only sign of the times is the exceptional energy displayed at this season by the clinical clerks and dressers, which we doubted not was born of New Year good resolutions until a cynical friend muttered something about new brooms sweeping clean. Various other good resolutions are suggested in another column for the use of the proper authorities.

The Ward Concerts are elsewhere briefly noticed, but let us in the larger type that beats upon this page again heartily thank the many friends who helped so energetically, but of whose names we have not a complete list. The Musical Society deserves special praise for bringing round so large and talented a concert party, of which the orchestral portion was particularly strong. As a type of the feats performed on Boxing Day, we may instance one gentleman, who, to our certain knowledge, sang twenty-seven times in various wards, and each time more melodiously than the last. And we must here again congratulate the Sisters on the extreme excellence of the ward decorations and the sumptuous hospitality of their tea-tables.

On dit that when the Board Room Sunday Cake heard of the magnificence of its brothers in all the other wards, it fairly blushed for shame. At least, Charlie said so, and he ought to know.

Full justice is done to our Christmas mummers by a pen more skilled for the task than ours. But we feel we must tender our thanks to Dr. Bird's company for the capital fun with which they provided us, reiterate our congratulations to Mr. Harris on his masterly rendering of an exceptionally difficult and thankless part, and heave a heart-felt sigh at the evaporation into the mists of the past of that stately and radiant maiden, who, for 363 days in the year is wont to assume the guise of a mere male musical secretary.

And a special vote of thanks is due to Nurse Beal for the talent and industry that she displayed in creating that charming sitting-room, over which Mr. Gay French assumed such capital magisterial authority.

Certain sympathetic members of the audience were greatly concerned lest the

most realistic throw which Bully Bullock administered to the frail hero of "The New Boy" should have permanently damaged the agile representative of that martyr of love. We can assure them that Singer came up smiling after the performance, and that the said throw was a studied piece of Jiu-jitsu administered by Lascelles, who is one of the foremost English exponents of the great Japanese game. We have been treated to a private exhibition of this very fascinating art by our champion, and can only hope that a Jiu-jitsu Challenge Cup will shortly be added to the inter-Hospital trophies, for, as the poet says:—

There is a young fellow called Lxscxllxs,
Who at Jiu-jitsu frequently wrastles,
If anyone riles him,
He not only spiles him,
But tears that bold fellow to tassels.

We are asked by the Matron to thank all those friends who so generously responded to her appeal for Christmas gifts in last month's GAZETTE. The gifts included a liberal supply of fruit from Mr. Alfred de Rothschild, the turkeys for the Christmas dinner from Sir John Aird and Mr. H. A. Harben, and a good contribution from Sister Bindloss, formerly Sister Thistlethwayte, "to help in making a happy Christmas."

From the Secretarial department we hear that the Hospital received a very welcome although anonymous Christmas Gift of £1,000.

Last month's concert in aid of the Students' Cot Association was a great success, and we take this opportunity of thanking the Musical Society for the energy and keenness they displayed in organising it, with the ever-ready assistance of Mr. Matthews. They provided a capital programme, and we were indeed fortunate to have a real live Covent Garden leading tenor to make such wonderful music for us. Miss Minda de Morgan's beautiful voice was greatly appreciated, and perhaps these, with Mr. Harpley's violin playing and Mr. Read's capital recitations, were the best-received items of a programme which we report fully elsewhere. Chesters worked splendidly at the pianoforte. We must not omit to mention the decorations, which were provided for a quite nominal sum by Messrs. Strudwick, and which made the Library look better than ever it has done before. The refreshments in the interval were kindly provided by the President of the society, whom we were very pleased to see present. As a result of the concert the Cot Association is richer by £16 13s. 3d.

We hear that the Huggins Memorial Fund has reached £100. Dr. Bird will be very pleased to receive any further donations from old students who have not yet subscribed.

We have received a very interesting paper on "Sulphrenic Abscess" from Dr. E. Rivaz Hunt, which is reprinted from the Transactions of the Medical Society of London.

A correspondent sends us a long letter on the subject of our Students' Club; we are obliged by consideration of space to hold it over until our next issue, when we hope to discuss the matter.

We would call special attention to a book noticed in this number which is outside the regular range of our reviewers' labours. It is Mr. Lulham's "Devices and Desires" to which we refer, the merit of which is indicated by the fact that it has reached a third edition. We thoroughly recommend these poems of a brother medico to all who seek a relaxation from "the trivial round, the common task," and whose fancy lies towards letters. In the book will be found all the elements of genuine poetry, and we fancy its author will some day earn a high place amongst English singers, for his songs ring true and clear, and are evidently wrought of close study of nature and true human sympathy.

Mr. Kenneth Millican, an old St. Mary's man, breaks out once more into poetry, as is his wont at this season of the year. He calls himself a "homing bird" which, we are told, is a pigeon; we should have taken him

for a thrush if we had judged his nature from his song; on behalf of old St. Mary's men, and of ourselves, we beg to return him and Mrs. Millican our kindest greetings for the new year in their American Home.

THE HOMING BIRD.

To us beleaguered in the Seige of Life,
In strife engaged, and all around us strife,
Comes armistice at Yuletide. Straight we send
To brother, sister, children, kindly friend,
Our winged thoughts, cleaving the trackless air,
That words of hope and courage they may bear.
Speed on like homing pigeons, Words of Cheer!
"A Happy Christmas and a Glad New Year."

K. W. M.

Congratulations to Messrs. Nesfield, Brown, Pilkington, Easton, and Rogers, of the I.M.S. on their recent promotion. "Captain Strutt!" dear, dear, how time *does* slip along to be sure! Why it seems only the other day that we were doing mastoids in number 8, and—but there, it's no good regretting the palmy old days, is it?

We congratulate Mr. C. F. McCallan on having been appointed to the important post of Chief Ophthalmic Inspector to the Egyptian Government.

Another gem from Casualty:—
Small boy, who has been fishing in the canal, has had a fish hook extracted from his lip with some trouble; as he goes out, he is heard to say with much fervour. "'Eaven 'elp them pore little fishes!"

Recently a house-man was interviewed by the indignant relative of a patient, who expressed himself somewhat strongly to the effect that the hospital doctors had no right to experiment on a case they didn't understand. On being further pressed he averred that he had read "Mysterious Case" on a card by the patient's bed. The puzzled H.P. discovered that the offending remark was Mist. Casc. ℥i on the prescription card!

We have received a few definitions for Hospital use from a Correspondent, including the following:—

Lift.—A convenient means of transmission when time hangs heavy.

Sister.—A sublime character, who by virtue of her economy positively makes money for the hospital on every patient.

Anæsthetist.—A man who first tries to make a patient go to sleep and then keeps opening his eyes to wake him up again.

Clerk.—A man who occasionally writes illegible notes about things he cannot see, and sounds he cannot hear.

Dresser.—A more or less intelligent being, whose duty it is to wipe up the water that he has just spilt.

House-Physician.—A charitable being, who undertakes to get rid of the noisome products that accumulate in the Dispensary.

House-Surgeon.—An individual who is second only in importance to the Sister. It is his duty to advise the Surgeon when to operate, occasionally he is expected to operate himself, e.g., when a patient requires his nails cut.

Out-Patients.—People who, though have three t's themselves, don't allow you to get any. About 6 p.m. the most placid of physicians is liable to become without patience with Out-Patients.

Opsonists.—Modern Mrs. Beetons who have concocted the new cookery book entitled "Opsonins or Dainty Dishes for the Million." Although the authors pride themselves on their Culture, yet the fact that the recipes are largely made with the aid of broth, potato, and low forms of jelly make these distasteful to the intelligent public. The authors are, however, quite well-meaning.

Needless to say there is an "Opsonic Index" before and after the dishes, and these are the only parts that are recommended to be cooked.

Hospital Special Appeal.

In response to the circular letter recently issued by the Dean on behalf of the Special Appeal Fund, the following contributions have been received:—

FIRST LIST.

		£	s.	d.
Owen, C. J. Rayley, Esq. ...	Donation	3	3	0
Parsons, Dr. H. T.... ...	"	5	0	0
Senior, Dr. A.	Subscription	2	2	0
Smallwood, R. P., Esq., M.B.	Donation	5	0	0
Steen, Dr. R. N.	"	2	2	0
Lewitt, F. W., Esq.... ...	Subscription	1	1	0
Mahon, C.B., R.N., Inspector-General	Donation	5	5	0
Allen, C. W., Esq.	Subscription	1	1	0
Lindsey, Dr....	"	1	1	0
Pratt, Dr. Wyatt	Donation	1	1	0
Butler, T. Langton, Esq. ...	"	1	1	0
Baker, Mrs.	"	10	0	0
Hartmann, W., Esq. (per Dr. Senior) ...	"	5	5	0
Gilmour, Staff-Surgeon R. T., R.N. ...	"	1	1	0

Certain Affections of the Pancreas: their Pathology and the Symptoms to which they give rise.*

By JOHN F. H. BROADBENT, M.D., F.R.C.P.
Physician in charge of Out-Patients to St. Mary's Hospital.

Of recent years considerable advance has been made in our knowledge of disease of the pancreas, and light has been thrown on certain obscure disorders of digestion and metabolism such as glycosuria and jaundice which may be associated with pathological conditions of this organ. As has been long known, the pancreas plays an important part in digestion, inasmuch as its secretion contains no less than four enzymes or digestive ferments, a proteolytic, an amylolytic, a fat-splitting, and a milk-curdling ferment. Ligature or pathological obstruction of the duct of Wirsung, by which the pancreatic secretion reaches the intestine, consequently gives rise to characteristic disorders of digestion.

The digestion of proteids is not interfered with to a great extent, as pepsin is secreted by the stomach and a proteolytic ferment by the intestines, but striated muscle fibres may be found in the fæces from the imperfect digestion of meat, and if the secretions of the stomach and intestines are deficient as well, a condition of so-called "azotorrhœa," or presence of undigested nitrogenous food in the fæces, may result. About 50 per cent. of carbohydrates ingested are said to remain undigested and unabsorbed in the absence of amylopsin.

Fats, except a certain proportion of fat in milk, are not absorbed at all, and this gives rise to the presence of fat in the stools, or steatorrhœa, which is characteristic of pancreatic disease.

The stools may be pale or whitish, in the absence of jaundice, from solidification of the undigested fat as it cools, or greasy bulky motions may be passed with oily matter or fat droplets floating on the surface of the water with which they are mixed. Naked eye examination alone is not always sufficient to ascertain the presence of fat, as it may be present in the form of fatty acids or soaps, which will require a careful chemical investigation for their detection.

When therefore we find a large amount of undigested fat in the stools and striated muscle fibres, together with dyspepsia, flatulent eructations and progressive emaciation, we may suspect the presence of some form of pancreatic disease which has prevented the pancreatic secretion from reaching the intestines, possibly obstruction of the duct of Wirsung by a stricture or an impacted pancreatic calculus, possibly obstruction by pressure from without, as a result of chronic pancreatitis or a new growth in the head of the pancreas.

DIABETES.

In addition to these functions the pancreas also plays an important rôle in the metabolism of carbohydrates and sugars. It has been found by experiments on animals that extirpation of the pancreas in addition to the derangements of digestion and absorption already mentioned produces a severe form of diabetes. This does not occur after simple ligature of the ducts of Wirsung and Santorini. If a part only of the pancreas is excised, diabetes does not result if carbohydrates are given in moderation, but tends to occur in proportion to the amount of tissue excised. If a portion of the pancreas is successfully transplanted in the animal from which the pancreas is excised, diabetes does not result, but if the transplanted portion is removed glycosuria at once ensues.

From these experiments it is clear that the external secretion of the pancreas transmitted through its ducts, and concerned with digestion of food in the alimentary canal, can have little to do with the special function which relates to the metabolism of carbohydrates and sugars, and prevents glycosuria.

The question naturally arises as to whether or not these two apparently independent functions are dependent on the secretion of the same set of cells.

On careful microscopical examination of the pancreas it is seen that in addition to the gland substance proper, there are groups or irregular masses of epithelial cells dotted about in the substance of the pancreas, more numerous towards the tail. These groups of cells are known as the "Islands of Langerhans," and are surrounded by a thin capsule of connective tissue. The cells are polygonal in shape, and their protoplasm is uniformly finely granular: they are arranged in columns and are richly supplied with capillaries.

Schäfer was the first to suggest that the special function of the pancreas which controls the metabolism of carbohydrates, is dependent on the integrity of the islands of Langerhans. Clinically much evidence has accumulated of recent years which tends to show that diabetes in a certain proportion of cases is due to destruction of, or degenerative changes in these cell islands.

Lancereaux described various pathological conditions of the pancreas, chiefly atrophy and fibrosis, associated with diabetes. He considers that atrophy of the gland is the most common affection together with degenerative changes in the islands of Langerhans, and he states that in 130 out of 167 collected cases of pancreatic diabetes lesions of these islands were found.

Opie divides fibrosis of the pancreas, or chronic interstitial pancreatitis, into two main groups—(1) Interlobular, (2) Interacinar, the former a coarse, the latter a fine fibrosis, and states that it is only the interacinar or fine fibrosis which is related to diabetes, since it invades and destroys the islands of Langerhans, which often escape damage in coarse interlobular fibrosis.

He describes certain changes in the cells of the islands of Langerhans met with in interstitial pancreatitis, particularly hyaline degeneration, to which he attaches the same importance as actual destruction of the cells, in the causation of diabetes. He holds that diabetes does not occur, even though the fibrosis is extreme, as long as the islands of Langerhans are healthy.

Experimental and clinical evidence therefore seem to point to the cells of the islands of Langerhans as

* Read before the St. Mary's Hospital Medical Society, on November 8th, 1905.

playing an important part in the metabolism of glucose in the system, and the view generally held is that they secrete directly into the blood stream some substance of the nature of a ferment.

Lépine advanced the view that it was a glycolytic ferment. Normal blood contains a glycolytic ferment, and Lépine stated that this was wanting in the blood of patients suffering from pancreatic diabetes. Minkowski, however, flatly contradicted this, as a result of his experiments.

Another theory is that the substance secreted by the pancreas is instrumental in building up glycogen in the liver from the glucose in the blood stream. In favour of this is the fact that after extirpation of the pancreas, only traces of glycogen are found in the liver, though there is a large amount of glucose present in the blood, and further, that a diet rich in carbohydrates does not increase the amount of glycogen. A remarkable exception to this latter statement is, that administration of levulose does increase the store of glycogen in the liver even after removal of the pancreas.

Further experimental and clinical evidence, however, is necessary before any definite conclusion as to the nature of this substance can be arrived at.

In some four cases of pancreatic diabetes which I have investigated at St. Mary's the patients were all young adults. In three, the pancreas was small and atrophic.

In one instance only was there marked increase of fibrous tissue. The islands of Langerhans were not distinguishable in two, but shared in the atrophic and degenerative process which affected the glandular cells to a very marked degree. In one instance, of which I show a section, some of the islands appear to be healthy. The gland itself was unequally affected some portions appearing relatively healthy, others atrophic and necrotic. In the latter areas the cell islands are not distinguishable. In three other cases which I investigated and in which there was extreme coarse fibrosis with enlargement of the pancreas, glycosuria was not present.

One of these cases of pancreatic diabetes under the care of Dr. Lees, was of special interest, as the patient survived for eleven months and was under observation for the whole of this time, in hospital.

A special clinical feature in diabetes is deficient alkalinity of the blood, and this was very marked in this patient, being determined at frequent intervals by Dr. Wright.

Large doses of alkali were therefore freely administered, as much as a drachm of Bicarbonate of soda being given every four hours with marked benefit, and even this scarcely sufficed to maintain the normal degree of alkalinity. Eventually he died not from diabetic coma which is the common termination, but from pulmonany tuberculosis to which these patients are especially liable.

Another case under the care of Dr. Luff was also of exceptional interest. An attempt was made to graft the pancreas of a lamb in the subcutaneous tissue of the axilla, on the analogy that, since transplantation of a portion of pancreas in animals, if successful, prevented diabetes after removal of the pancreas, it might act in the same way in man when the pancreas was diseased. Unfortunately the grafted pancreas did not take root and grow, but necrosed and the patient also succumbed shortly after.

Cases of pancreatic diabetes in man usually occur in young subjects, are characterized by extreme glycosuria and rapid wasting, are little influenced by careful dieting or treatment, and as a rule prove rapidly fatal.

They thus form a marked contrast clinically to the cases of diabetes which occur after middle age, usually in plethoric subjects, in whom the glycosuria as a rule is amenable to suitable diet and treatment, in so much so that it is often termed "Alimentary glycosuria." These cases are usually very chronic, and the patient with care in diet and suitable treatment may survive many years, though in the long run the disease proves fatal.

CHRONIC PANCREATITIS: ITS RELATIONS TO CHOLELITHIASIS AND JAUNDICE.

I now turn to another aspect of chronic pancreatitis and as this is intimately connected with cholelithiasis and lodgment of gall stones in the common bile duct I must briefly refer to the anatomical relations of the pancreatic and the common bile ducts.

The chief excretory duct of the pancreas, the duct of Wirsung, passes horizontally along the pancreas from tail to head, and joins the common bile duct in a small dilitation in the ampulla of Vater, situated in the wall of the second part of the duodenum, whence the two ducts open by a common orifice into the duodenum at the biliary papilla.

There is also a small accessory pancreatic duct, the duct of Santorini, which opens into the duodenum by a separate papilla immediately above the biliary papilla.

The common bile duct descends in close proximity to the head of the pancreas frequently in a groove on its surface, or actually embedded in the substance of the gland and comes to lie alongside the duct of Wirsung for a short distance before they both open into the ampulla of Vater.

It will thus be seen that a gall stone lodging in the common bile duct in or just above the ampulla of Vater may obstruct or compress the duct of Wirsung and thus impede the onward flow of its contents. This will give rise to dilitation of the duct above the obstruction and render the stagnant secretion liable to infection by micro-organisms from the intestine, so that pancreatitis not infrequently results. Prolonged sojourn of a gall stone in the common bile duct is also likely to terminate in cholangitis or inflammation of the biliary channels from infection of the stagnant bile by micro-organisms, and in two such cases I have isolated the bacillus coli from the infected bile. When cholangitis occurs, the pancreatic duct and its contents are especially liable to infection. Other causes of chronic pancreatitis are lodgment of pancreatic calculi in Wirsung's duct, and stricture of the duct following ulceration. Chronic alcoholism also appears to be a cause, and two of the most marked instances of pancreatic fibrosis I have met with have been in cases of alcoholic subjects.

Chronic pancreatitis, or fibrosis from whatever cause, chiefly affects the head of the pancreas and from the intimate relation of the common bile duct to this portion of the gland it sometimes happens that partial or complete occlusion of the common bile duct results

from pressure upon it by, or cicatricial contraction of, the newly-formed fibrous tissue in its immediate neighbourhood. A new growth in the head of the pancreas in the same way many occlude the common bile duct. Jaundice, as a rule, results in either case and it may be a matter of some difficulty to determine its cause.

The following are important points in the differential diagnosis.

Carcinoma of the pancreas usually occurs in a patient past middle life. The jaundice is gradual in onset, unaccompanied by pain or febrile disturbance and tends to become absolute. It is usually attended with gradual and increasing distention and enlargement of the gall bladder, which may attain a considerable size. There is progressive loss of strength and emaciation and sometimes secondary nodules of growth may be felt in the liver.

Chronic Pancreatitis.—Obstruction of the common bile duct due to chronic pancreatitis cannot always be diagnosed from obstruction due to cholelithiasis, and indeed the two conditions are often associated, but as both call for operative interference a differential diagnosis is not essential.

In this class of cases, as contrasted with obstruction due to carcinoma, the following points may be noted. The patient may be young and there is frequently a history of a previous attack of gall stone colic followed by jaundice. There is often pyrexia, and almost invariably attacks of colicky pain from time to time, with tenderness over the gall bladder or in the epigastric region. The jaundice varies in intensity and is seldom absolute. The gall bladder is not, as a rule, distended, and may be small and fixed down by adhesions.

Mayo Robson attaches considerable importance, for purposes of differential diagnosis, to a test described by Cammidge, who states that in chronic pancreatitis a certain chemical reaction can be obtained with the urine with phenylhydrazin which is not present in carcinoma. Dr. Willcox has shown that this test is of little practical value as the reaction can be obtained with normal urines. A differential diagnosis is important, as in jaundice, due to pressure on the bile duct from chronic pancreatitis, a cure can be effected by short circuiting the obstruction by the operation of cholecystenterostomy. Mayo Robson has recorded a number of cases in which he has operated successfully.

ACUTE INFLAMMATORY AFFECTIONS AND ACUTE NECROSIS OF THE PANCREAS.

I must now briefly refer to certain acute affections of the pancreas, described under the names "acute hæmorrhagic pancreatitis," and "acute necrosis of the pancreas with hæmorrhage," which are associated with the peculiar phenomenon known as "fat necrosis."

At an autopsy after death from this disease, small opaque whitish yellow areas of so-called "fat necrosis" are seen scattered about in the fat round the pancreas and kidney, in that of the great omentum, and, it may be, throughout the sub-peritoneal fat.

Similar "fat necrosis" has been produced experimentally by Opie in the cat by directing pancreatic secretion from the duct of Wirsung into the fat of the omentum, and he believes that the essential condition for the production of "fat necrosis" is the penetration of the fat-splitting ferment of the pancreas into the fat which is affected. The term "fat necrosis" is really a misnomer, as the condition is due to the splitting up of fat into fatty acid and glycerine by the fat splitting ferment of the pancreas which in some way has become liberated and found its way into the subperitoneal fat. The glycerine is soluble and is absorbed, but the fatty acid remains, or may combine with lime, to form opaque whitish yellow masses dotted about in the unaltered fat.

The pancreas is enlarged, red, and swollen, with numerous hæmorrhages in the interlobular substance, and there is frequently extensive hæmorrhage in the tissues round the pancreas, the portal canal, and sometimes into the peritoneal cavity. Microscopically, there is coagulation necrosis of a large proportion of the gland, and in some cases infiltration with leucocytes. Fitz considers the condition to be an acute pancreatitis, due to acute inflammation of the gland.

Other authors state that hæmorrhage with extensive coagulation necrosis may occur without any evidence of inflammation. In the section which I have under the microscope there is coagulation necrosis and hæmorrhage, but there is no cellular exudation or evidence of any inflammatory reaction. To my mind the affection, though it is commonly termed pancreatitis, is strongly suggestive of thrombosis, or embolism of the pancreatic artery, or rather of one of its main branches. This would explain the extensive coagulation necrosis, the hæmorrage, and also the liberation of the pancreatic secretion into the subperitoneal fat, as necrosis of a portion of the gland would permit of its digestion by the secretion of the sound portion and would thus allow the pancreatic juice to escape into the adjacent tissues. Moreover, the clinical evidence would favour this theory. The onset of symptoms is usually sudden; there is severe pain in the abdomen, followed by collapse and shock, and frequently by signs of internal hæmorrhage, analogous to what occurs in embolism or thrombosis of the superior mesenteric artery. There is tenderness over the epigastric region, and distention of the abdomen may rapidly set in with signs of localized peritonitis, death occuring in 1 to 48 hours.

While this is the type of a severe case, there are many in which the symptons are much less definite, and in which premonitory attacks of pain in the abdomen may occur for some hours or days before the onset of severe symptons. In cases in which death occurs very rapidly fat necrosis is not present post mortem, nor would one expect it if sufficient time does not elapse for the pancreatic juice to make its way into the tissues and split up the fat.

Suppurative inflammation of the pancreas has been described by Fitz, and Flexner has succeeded in producing acute pancreatitis with hæmorrhage by injection of cultures of b. pyocyaneus into the pancreatic duct, so it is probable that an acute inflammatory pancreatitis may result in man from infection of the duct of Wirsung by virulent micro-organisms from the intestine, and that we may have a genuine acute pancreatitis in some instances, even if the hypothesis of infarction be admitted in others.

The Differential Diagnosis of Folly and Genius.

By A. N. Onymous, Esq., M.D., Lecturer in the School of Topical Medicine; Government Inspector of Fools and Nuisances; Inventor of the "Kill-Quick" Lethal Chamber for Geniuses (patented).

Early last autumn I received a letter from the Editor of the ST. MARY'S HOSPITAL GAZETTE. After several hours' unceasing toil I succeeded in deciphering the following sentence :—"Would you be so good as to write a paper for the periodical over which I so ably preside." I would not stake anything of value on the exact wording, yet I am sure that I have given the meaning correctly. As I could not possibly read the lines themselves, I willy-nilly (although that is not my real name) was forced to read between them. I immediately wired: "What remuneration?" On receiving an unstamped post-card in reply, intimating that the remuneration might cover my out-of-pocket postage expenses (with the exception of the telegram), I signified my willingness to undertake the task. It was only then that I realised the enormous difficulties before me. I had not a notion what subject to select. I confess with shame that I am only human (and barely that), and consequently have no knowledge whatsoever of any subject. Plunged in the gloomiest of reflections, I sat before my fire; my humility was so great that I would have sat behind it, had there been room. Suddenly out of the dim forgotten past a vision rose before me. Once again I was standing in a ward beside a patient's bed. Ghost-like forms moved round me, embracing me on every side. Awe-inspiring words of dreadful import reached my ears. Through the hum of many voices two words stood out, insistent and pre-eminent, twin stars in a midnight sky—"Differential Diagnosis," "Differential Diagnosis," "Differential Diagnosis." In fact, the constant repetition of these words argued complete idiocy in anybody but a gramaphone. Yet it was an inspiration, non-diaphragmatic, non-costal, but illuminating; an astounding disclosure, non-scandalous, non-libellous, but most interesting; an intensity of light, a compendium of information, a student's vade-mecum, and lots of other things.

Yes, my "paper" should deal with the "differential diagnosis" (what an alliterative lilt the words had!) of something or other. So far so good; but of *what?* Another fit of black despair. Fool that I had been to yield to the blandishments of the Editor. No one save a genius should have undertaken so Herculean a labour. . . . . What can this mean? Another inspiration? Surely it cannot be? It might be? It may be! It must be! It *is!* I tried to grasp my pen, but in my excitement I missed it, and missed it badly. It was only by bringing both my feet into play that I at last succeeded in placing it between my fingers. The instant that I had it firmly held, I wrote these words: "The Differential Diagnosis of Folly and Genius." Thus out of the spawn of despair was born the flowering fish of achievement.

The night had gone, and the bird-like notes of the milkman were filling the land, when I folded up my manuscript (using a handkerchief to avoid thumb-marks), and lay my weary head upon the table (first removing the cloth to escape grease-stains). Then I slept like a little child (except that I was not troubled by acid dyspepsia, and so far as I am aware I evolved no odour of sour milk). When at last I awoke like a giant refreshed with wine, I stifled all inclinations to hiccough, and read with absorbing interest the following philosophical treatise:—

All organs, with the exception of those situated in places of worship, are either in a condition of health or of inflammation. The anabolic and katabolic molecular activities of protoplasmic material which is undergoing the series of pathological transformations medico-chirurgically yclept inflammation are in a state of aeonian warfare. Centrally the katabolic tendencies obtain their objective, whilst peripherally the anabolic endeavours are crowned with success. And this is true from whatever standpoint we view it, whether from the meteorological (which is unnecessary), or from the psycho-physical (which is irrelevant), or from the Eikonokinetic-Kinemeturgical (which is meaningless).

Let us then apply these considerations to such mental attributes as we may possess, and let us affirm that if our intellects are not healthy they must either be undergoing anabolism or ratabolism. In plain words, if we are not mediocrities, we must either be fools or geniuses. Geniuses are very rare. We may further note that physical health, like mental health, is mere mediocrity. *Mens sana in corpore sano* is the apotheosis of middle-class philosophy. A diseased mind in a diseased body is the material out of which our geniuses and fools are made. A healthy mind in a healthy body is only fit to sweep the streets or shoot pheasants, according to the rank of life of the individual.

Just as there is a difficulty in distinguishing katabolism from anabolism, so there is a difficulty in distinguishing the fool from the genius. Our investigations may be aided by the well-known fact that, according to the ordinary tape prices, the odds are ten to one on folly. It is of the utmost importance that we should possess the power of making this distinction. It is the absence of this power which excludes many really suitable cases from our asylums.

If we had, as a consequence of possessing this power, to enlarge the asylums, we should at least narrow the circle of our friends. Life is full of compensations.

The etiology, pathology, symptoms, prognosis, signs and wonders of folly and genius will give us valuable assistance in making this distinction, and I propose to enter into these matters with some detail. In addition, I will make some observations on the treatment of these unhappy conditions, although this subject is not properly, or even improperly, included under the title of this "paper." But no person of experience would think of writing a "paper" without including something which clearly should *not* be included. This is the first rule of scientific literature.

Definition.—Folly is a disease dependent on the deficient action of the higher faculties; what these

exactly may be is a matter of individual taste. Opinions differ on this point, and I should be the last to question the words of an eminent German physiologist who affirmed that a passion for raw sausages was the highest faculty *he* possessed. Genius, on the other hand, is due to the higher faculties being "markedly" hyperactive. I use the word "markedly" advisedly. The second rule of scientific literature lays down the following dictum :—"*Good English means bad science; avoid it like the plague.*"

Sex.—In the case of folly the opposite sex has a strong predisposing influence. (I had more to say under this heading, but the Editor put his pencil through it. It is thus that some of the most helpful thoughts are lost to the world.)

Age.—Folly is most common in adolescence and senility. Of the two forms the senile is the most malignant and quite intractable.

Genius often declares itself during adolescence, *always* accompanied by acne vulgaris. In the early stages it is indistinguishable from folly, and a diagnosis can only be made by watching the patient for some years—anything but a pleasant occupation. If the acne is troublesome, sulphur ointment should be applied with thorough scrubbing of the face with soap and water night and morning.

Education.—A superficial knowledge of any subject has much to answer for in the production of folly. A little knowledge is a big danger. Schornburger, in his treatise entitled "What I saw in the Cæcum, or the electrification of the Alimentary Tube," has completed the aphorism by adding that *much* is absolutely fatal.

Pathology.—In cases of folly the intellect is replaced by a more lowly organised faculty. This has been clearly proved by the recent researches of Strickland and Herbé. In an account of an ante mortem examination conducted by the former authority we read, "Where I hoped to find evidence of ordinary sense I found nothing but a low form of impertinence."

Of the pathology of genius but little is known. According to Pratchkowski hyperæmia of the brain is the only obvious change which is always present. An abnormal growth of dendrites has been described by Greenhorn, who also states that the Association tracts are better developed than those under Rugby rules. But this later opinion is denied by a large number of New Zealand authorities.

Symptoms.—Patients who suffer from folly may talk very little (oligologia) or they may talk a great deal (polylogia). These apparently opposite conditions have really much in common, for whether the patient talk much or little there is never anything in what he says. Folly always gives clear evidence of intellectual obstruction, and in extreme cases complete constipation of the thoughts may supervene. The latter condition is frequently preceded by an attack of mental meteorism.

To turn now to genius, the disease, if unrecognised, invariable shows destructive symptoms. Thus it has been well said that *unrecognised* genius is *destructive*, whilst *recognised* genius is *constructive*. Unsuspected sufferers from genius have even attempted to destroy such sacred institutions as the House of Lords and Apothecaries' Hall. In short, no form of stupidity, however marked, is safe from the attacks of persons with genius.

Treatment.—No general measures are of any avail against folly; we can but treat the symptoms as they arise. If polylogia becomes troublesome, Herbé advises excision of the tongue. A brisk mental purge in the form of a new idea is often useful in cases of intellectual obstruction. In those heartrending cases where complete constipation of the thoughts appears, nothing of any real service can be done. One can only give orders that the patient be kept clean and warm, and that good and plain food be administered.

Genius can only be treated in one way, and that way is to recognise it. Unless this be done, all other measures are worse than useless.

Prognosis.—There is nothing in folly to prevent the patient from rising to the highest positions in the land. The prognosis of genius is a very different story; sufferers from this most terrible of all afflictions usually end their days in the workhouse, the asylum, or the jail.

One of the greatest thinkers of modern times* has summed up this matter in the following words :—"I would sooner my son were born anencephalic and acardiac than that he were born a genius. Sooner would I see him torn to pieces by wild monkeys or permanently saturated with carbon bisulphide than see him a victim to this curse of curses, this irrevocable anathema, this blackest of all imaginable evils. For compared to genius, despair is hope, and the hideous darkness of night becomes the rosy dawn."

(*Note by the Editor:*—We are not responsible for any of the opinions expressed in this "paper"; and according to information received the writer himself is also "not responsible.")

Students' Cot Association.

A most successful concert in aid of the funds of the Students' Cot was given by the Musical Society in the Medical School Library on December 14th. The room was filled to overflowing by a very enthusiastic audience, among whom we were glad to see several members of the Staff. The following was the programme.

PART I.

1. Pianoforte Duet ... "Tarantelle" ... *N. Rubinstein*
   Messrs. BRIMBLECOMBE and CHESTERS.
2. Song ... ... "The Bandolero" ... *Stuart*
   Mr. W. H. POWELL.
3. Song ... "The Sea hath its Pearls" ... *M. V. White*
   Miss FLORENCE WOOSTER.
4. Song ... "Jan's Courtship" ... *Traditional*
   (Songs of the West.)
   Mr. H. S. OLLERHEAD.

* The present writer.

	Violin Solo	"Reverie" Mr. H. J. HARPLEY.	*Vieuxtemps*
6.	Songs	(a) "Lorna." (b) "Songs of Araby" DR. BATHURST.	*Ernest Newton*
7.	Songs	(a) "Haï Luli" (b) "Il Etait un Oiseau-Gris" Miss MINDA DE MORGAN.	*Coquard* *Monsigny*
8.	Humorous Recital	"Meg and the Robber" (A Ballad of the Borders.) Mr. F. G. READ.	*After "Scott"*
9.	Song	"Out on the Deep" Mr. J. RICHMOND ROXBURGH.	*Lohr*
10.	Song	"The Message" Mr. PHILIP NEWBURY. (Principal Tenor Royal Italian Opera) Accompanied by Herr STOEGER	*Blumenthal*
11.	Song	"The Yeoman of England" Mr. SIDNEY B. DEPREE.	*Ed. German*

INTERVAL OF TEN MINUTES.

PART II.

1.	Trombone Solo	"Ce N'est Pas Vrai"	*Tito Mattei*
	Encore	"When Other Lips" Mr. NANFAN.	*Balfe*
2.	Musical Sketch	"Harmony Hall"	*Kent*
	Encore	"Now isn't that like a Man" Miss ETHEL WALKER.	
3.	Song	"Widdicombe Fair" (*Songs of the West*) (By Desire)	*Traditional*
	Encore	"Richard of Taunton Dene" Mr. H. S. OLLERHEAD.	
4.	Songs	(a) "Mine Enemy" (b) "Love is meant to make us glad" Miss MINDA DE MORGAN.	*Olga Rudd* *Ed. German*
5.	Violin Solo	"Mazur" Mr. H. J. HARPLEY.	*Mlynarski*
6.	Song	"King Charles" Mr. W. H. POWELL.	*M White*
7.	Humorous Recital	"The Groom's Story" Mr. F. G. READ.	*Conan Doyle*
8.	Song	"My Dreams" Mr. SIDNEY B. DEPREE.	*Tosti*
9.	Song	"Good-Bye" Miss FLORENCE WOOSTER.	*Tosti*
10.	Humorous Songs	(a) "A few handy little things" (b) "It does go" Miss ETHEL WALKER.	*Montague* *M. B. Spurr*
11.	Song	"The Blacksmith" Mr. J. RICHMOND ROXBURGH.	*Slater*

GOD SAVE THE KING.

It is extremely difficult to single out any item of the programme for special mention, but reference must be made to Philip Newbury's exquisite rendering of "The Message." Unfortunately he could not be persuaded to render a second song, in spite of the continued applause of the audience.

Our best thanks are due to all the artistes who so kindly gave their assistance, particularly to the ladies, two of whom sang at our previous concert.

The President of the Society, Dr. Hyslop, generously provided the refreshments. Our thanks are due to Mr. Ryan, for the use of footlights from the Hospital.

The grand piano was kindly lent by Messrs. Metzler, and the excellent floral decorations were provided by Strudwick's of Bayswater Road.

The Christmas Festivities.

IN THE WARDS.

The year 1905 went out right merrily at St. Mary's with the usual round of festivities which just lasted for the inside of a week. On Saturday, December 23rd, the every-day aspect of the various wards was beautified by decorations, the scheme of which reflected the greatest credit on the taste and artistic ability of their perpetrators. Our special reporter wandered round three times in a vain attempt to award the palm to any one in particular and could only arrive at the conclusion that all named in the following list were so charming that no justifiable distinction can be drawn between them. (That there may be *no* criticism of his verdict, they are arranged alphabetically.)

Albert.	Isolation.
Alexandra.	Lewis Loyd.
Allcroft.	Lilian Holland.
Casualty.	Manvers.
Crawshay.	New Boynton.
De Hirsch.	Prince's.
Foresters.	Thistlethwayte.
Grafton.	Victoria.

The great feature of the decorations was the profusion of paper flowers that bloomed in so many wards, which made them exceptionally bright and gay. Thus a polychromatic rose bush shed its radiance over Alexandra, cascades of poppies showered down the walls of Lewis Loyd and the Albert clock peeped coyly forth from a bower of the same somniferous vegetables. De Hirsch certainly earned its ambitious title of Fairyland, and its floral triumphs were presided over by a covey of fairies, headed by Father Christmas from a post of vantage on the window sill. The usual smartness of the New Boynton bed curtains was greatly increased by the splendour of its tea-table, but—there—the tea-table in every ward was prettier than that in every other, and our reporter frankly confesses himself unequal to the task of further particularising their respective merits.

There was the usual bright service in the chapel with an anthem and carols at 10 a.m., and at mid-day those patients who were well enough had a dinner of excellent turkey and plum-pudding.

The ward concerts took place on Christmas Day and Boxing Day from 4 to 8 p.m.; although most of the more formal events seem to have been arranged for the latter day, yet a walk round on the former showed no lack of gaiety in any of the wards, which was much increased by the happy fact that all of them were exceptionally free from acute cases. We cannot attempt to mention individually all those who so kindly came to help amuse the patients, but can only say that everyone was very grateful to them and that their efforts were no less appreciated than in previous years. There were perhaps more performers on Boxing Day, when the visitors included a very large concert party, orchestral and vocal, arranged by our energetic Musical Society, who gave an hour's performance on each floor with a varied and excellent programme, which met with a well deserved and hearty reception. There were two troupes of Pierrots touring round, a very large number

of singers, amongst whom we were pleased to see the Misses Cadman Jones, old and trusted friends of the hospital, at least one violinist, two indefatigable banjoists (Lascelles and Heath), and Vining who is a really accomplished ventriloquist and who could give points to many professionals in that somewhat uncommon art. Mr. Cope was particularly energetic in bringing people round to help, and amongst other accompanists Brimblecombe and Chesters deserve special mention for the energy that they displayed.

The usual leave to smoke in the wards during the two days was given, pipes and tobacco being kindly provided by Mrs. Thomas Evans, and on Christmas morning every patient received a present of warm clothing for the adults and toys for the children. They all looked very smart in their new bed-jackets, the gift of the "Ladies' Association," which does such good work for St. Mary's.

THE CHRISTMAS TREE.

On Wednesday, the 27th, the Children's Christmas Tree Entertainment took place in the Board Room, and though St. Mary's is famous for its Christmas Trees yet we never remember to have seen a more beautifully dressed one than the twenty-footer that graced the recent festival. Sister Morrison and her hard-working assistants, (amongst whom a late energetic In-Dresser shone conspicuously,) deserve the greatest praise for the delightful result they produced, which was greatly intensified by the many coloured electric lights which served the tree for blossoms, whilst the crop of toy-fruit was as plentiful and as fine as ever. A Punch-and-Judy show amused the children for the first forty minutes, then they had tea, and Father Xmas (Rous) with a most nimble Clown (Lascelles) and a buxom Christmas fairy (Singer), appeared on the scene in motor attire, their car having broken down outside. After a "topical interlude" which included the song printed below, the distribution of toys was made to the delightfully delighted little ones, who were then borne back to bed in a great state of excited happiness. Father Christmas and his friend "Joey" the Clown then made their round of the wards to give presents to the children who were too ill to attend the Tree, and here Lascelles greatly delighted the patients by some very pretty jumping feats.

A HAPPY NEW YEAR.*

It always is our pleasure when we come to meet you here,
To wish you joy for Christmas, and a very glad New Year.
But the world is not yet perfect, so we'll let you know of some
Improvements that we wish it in the year that is to come.

The wards for instance will be run on very novel lines,
And house-physicians to their chiefs shall teach their patients' signs,
And dressers, who will pay no more for washing their white coats,
Will do the operations whilst the surgeons take the notes!

When a house-man comes to breakfast, after working hard all night.
At half past nine, he will not find it's disappeared from sight.
And when he's wanted urgently, the porter will not roar
His name along the passages, but knock upon his door.

A billiard room and smoking lounge will offer their relief
To every yawning dresser who's a-waiting for his chief.
And by the bye I rather think it won't be thought polite
For a formal operation to begin at ten at night.

The Sports Clubs all will find that they have got an income clear,
Of twenty times as much as each can spend within a year,
And the Library will sparkle, as in palmy days of old,
With Challenge pots as many as the cases there will hold.

Now in this model world I think that you will all agree
That not a nurse will ever take a second cup of tea.
When a dresser spills a lotion jar, before the very eyes
Of Sister, she will sweetly murmur, "Don't apologise!"

Each infant, e'er admission there, we'll very shortly see
By Dr. Wright 'gainst whooping-cough will vaccinated be,
And each up-to-date physician, you may take it for a cert,
Will throw away his stethoscope and go and buy a squirt.

Within De Hirsch and Crawshay, it will be our happy lot
To see two brand-new brass affairs, each labelled "Students' Cot";
Then 60,000 pounds will come to open the New Wing,
And one and all, both old and young, will jubilantly sing—

A merry merry Christmas and a happy glad New Year
Have really come along at last, and settled with us here.
And even if these wonderful events don't all come true,
We still can wish a happy year to every one of you.

XMAS PATER ET REX.

The evenings of Thursday and Friday were occupied by the Residents' Theatricals, an account of which appears below, from the pen of our Extra Special Dramatic Reporter, and the Christmas week was finished up on Saturday night by the Board Room Dinner, whose sanctity has never yet been invaded by the Press, and of which not even a distressed Editor would dare to make copy should he by any chance find himself one of that festive gathering.

* Wished by Father Christmas, on December 27th, in the Board Room, to all his friends at St. Mary's Hospital.

The Residents' Dramatic Entertainment.

THE NEW BOY.
A Farcical Play in Three Acts.
By Arthur Law.

Archibald Rennick .....Mr. Charles Singer.
Horace Candy, LL.D. .....Mr. J. Gay French.
Felix Roach .....Mr. T. Harris.
Theodore de Brizac (a French Master)...Mr. A.W. K. Straton.
Bullock Major (a Schoolboy) .....Mr. J. E. Lascelles.
Mr. Stubber (a Farmer) .....Mr. V. Z. Cope.
Mrs. Rennick .....Mr. Stanley Brimblecombe.
Nancy Roach.....Mr. R. K. White.
Susan (a Maidservant) .....Mr. R. E. Palmer.

Scene.—Drawing Room in Dr. Candy's house at Dulwich.

Director of the Music .....Mr. W. H. Chesters.
Scenic Artist.....Nurse E. M. Beal.
Acting Manager .....Dr. M. Mitchell Bird.
Stage Manager .....Mr. Frederick Clay.

The Annual Dramatic Entertainment given by the Resident Medical Officers was held in the O.P. Hall on Thursday and Friday, December 28th and 29th, before a large and appreciative audience.

The piece presented was "The New Boy," a three-act play, the intervals being filled in by some excellent singing.

The departure from the old system of two short pieces was undertaken in 1903, when "Dandy Dick" was played, and the success of that venture was a sufficient encouragement for the managers of the Dramatic Company to again attempt something on a larger scale, and with the best results.

The plot of the play is as follows:—Dr. Candy, an elderly schoolmaster, possessed of certain private means, hears from an old friend of his, Mrs. Martha Bolder, for whom he has long cherished an unrequited attachment, and invites her to stay with him. This lady has married a diminutive gentleman of the name of Rennick, who has unfortunately lost most of his money in a Dry Champagne Company. They accept the invitation, much to the disgust of sympathetic Roach—Dr. Candy's cousin, a parasitic person—who has imposed himself and his daughter upon Dr. Candy, from the neighbourhood of the house next door, with the hope of ultimately reposing on the comfortable income which Dr. Candy will leave on his decease.

Martha arrives, meets Dr. Candy, who tells her that he has left her everything provided she does not marry again, and so when her husband, who has been absent during the meeting, returns, he is taken by the doctor to be Martha's son Freddy, who is meantime languishing at the station. Archibald, the husband, is with difficulty persuaded to lend himself to this deception, but ultimately does so, and is sent for to get rid of Freddy as best he can, and to acquire his box of clothes. The doctor has offered Martha the post of matron, and "the boy" is to be admitted into the school.

After sympathetic Roach has made a futile endeavour to get rid of the superfluous Martha, Master Freddy Archibald Rennick has been re-introduced to the health-giving game of football as a new boy, to the detriment of his clothes, collar, and cuticle, and he vents his feelings on the subject in language more forcible than polite.

In the second act there are some amusing scenes between Freddy Archibald and Nancy, but the chief item is the meeting between Bullock Major and "Freddy," during which the latter is prevailed upon, by threats of "a pair of braces" with brass buckles, to crawl through a gap in the fence round Dr. Candy's grounds and forage for apples in the adjoining orchard of an irascible farmer of the name of Stubber.

The scene closes with a visit of the aforesaid Stubber to complain of the outrage which has just been inflicted on his property, and he recognises in Freddy the delinquent whom he has already marked. Nothing will appease him, and he gives the unfortunate boy in charge.

The last act is perhaps the best.

Freddy appears pale in the face, but blue in the body, after a night spent in the exhilarating company of Bullock Major, who has exercised his talents for inventing tortures with complete success. After a short but painful interview with his wife Martha, he leaves with De Brizac, the French master, to interview the magistrate who has released him on bail.

Previous to his departure he has read in the paper of the sudden improvement in the value of the Dry Champagne shares; and having learned that Dr. Candy holds a number of them, writes him a note warning him not to dispose of them.

Dr. Candy reads this note at a critical moment, just when the wily Roach has nearly persuaded him to part with £2,000 of shares for £50. Roach, a previous director of the Company, has left the sinking ship, and now endeavours, having read of the rosy prospects of the Company, to get back some shares from Candy, Martha, and Rennick. But, alas for sympathetic Roach, all his plans fail. In the meantime Freddy Archibald, having been condemned to 12 strokes of the birch rod, communicates with the Magistrate privately, and informs him of the true state of affairs.

General explanations and exclamations.

Dr. Candy's gratitude to Rennick for having saved him from Roach's depredations by his timely note forgives Martha for her second marriage; and Roach, under pressure from Dr. Candy, consents to the union of Nancy and De Brizac.

The play by Arthur Law is perhaps one of the best that could have been attempted. The dialogue is exceedingly funny, and some of the situations excellent. As far as the actors were concerned, it is always an invidious matter to draw comparisons, for the general run of the piece was very good, the only fault being the rather obvious interventions of the prompter.

As Dr. Candy, Mr. Gay French was very good. His make-up was perfect, and he showed himself thoroughly at home on the stage.

Mr. Harris as Felix Roach deserves the highest praise. He had a graceless part to play, but in the opinion of many he played it with great skill. His enunciation was particularly good, and his by-play natural and effective.

Of the others, Mr. Singer as the New Boy was very humorous, but if we are to criticise we would say that he appreciated his own humorous position somewhat too keenly. We have not yet been able to give a satisfactory diagnosis to the peculiar eruption which was caused in the football field.

As Bullock Major, Mr. Lascelles was capital. It was, we imagine, a difficult part, but the rough-and-tumble work was very well carried out.

Mr. Cope gave a good character sketch of the old Farmer, Mr. Stubber; while Mr. Stratton fulfilled the part of De Brizac, the Frenchman, satisfactorily.

As Martha Rennick, *alias* Bolder, Mr. Brimblecombe made, as on a previous occasion, a most attractive lady; while Mr. White, as the arch and fascinating Nancy, acted his part well and with evident enjoyment.

Mr. Palmer was quite good as the Maid. When the difficulties which these representatives of the fair sex are considered, the performance of these three gentlemen is really highly creditable. We congratulate them, and especially Mr. White upon his remarkably neat ankles.

During the intervals songs were given by the members of the Musical Society, which added largely to the success of the entertainment, the solo by Miss De Morgan being greatly appreciated. Dr. Poynton, Messrs. De Morgan, Roxburgh and Depree also sang, Mr. Rous recited, and Mr. Chesters, who organised this part of the entertainment, accompanied with his usual skill.

Once more for 1905 we have to chronicle the entire success of the entertainment, a success which we are sure will always be realised while the management of the entertainment rests in the efficient hands of Dr. Bird and Mr. Clay.

Reviews of Books.

A MANUAL OF SURGERY. By William Rose, M.B., B.S.(Lond.), F.R.C.S., and Albert Carless, M.S. (Lond.), F.R.C.S. 6th edition. London: Ballière, Tindall and Cox. University Series. 21/- net. Illustrated.

This text-book probably has a circle of readers which embraces the vast majority of medical students, and it needs no introduction. The appearance of its 6th edition calls for a few words of comparison with the earlier issues of the work. We can say unhesitatingly that it has greatly improved since its birth. The amount of sound surgical principles and pathological information on nearly every page is amazing, but—and it is a big but—it is a very indigestible volume; one sighs at times for just "one halfpennyworth of padding to this intolerable deal of facts." The first ten chapters are really admirable, and now include a chapter on Bacteriology, which is fuller than one expected to find in a Surgical text-book, and which very rightly gives some account of opsonins. The chapters on Hernia and Appendicitis strike us as particularly admirable, but those on Fractures and Diseases of Bone as below the standard of the rest of the work; the latter is too complex for a text-book. Disease of the Prostate is excellently described. There are some awkward turns of expression that may well be corrected, as on page 844, where we are told that "thrush" patches resemble curdled milk in appearance and require the same treatment! We feel sure that the authors do *not* mean us to accept the same etiology for Genu Varum as for Genu Valgum, merely substituting "Internal" for "External" in the description of the diseases (p. 440). On p. 773 the cortical motor areas are still figured as partly post-Rolandic. Taking the work as a whole, however, there is much more to praise than to cavil at. The size of both page and volume have been increased. The ablation of certain early Victorian illustrations is welcome. We do not think the chapter on Gynæcology was called for by the scheme of the work, but it is interesting as a wave in the ever-growing tide of protest against cast-iron specialism. The book is as useful for the practitioner as for the student, and has been brought thoroughly up-to-date in every particular.

A MANUAL OF CLINICAL CHEMISTRY, MICROSCOPY AND BACTERIOLOGY. By Drs. Klopstock and Kawarsky. Translated by Thew Wright, M.D.Lond. Rebman, Ltd. Pp. xv. and 296. Illustrated. 8/- net.

This is a very good book, and would prove most serviceable for anyone working for the higher final examinations. The various tests and methods of quantitative analysis are plainly and succinctly given; the tests have been collated from many authorities, and in most cases the more reliable have been chosen. There is no investigation that comes within the range of ordinary Chemical Pathology that is not described, such matters as Kjeldahl's nitrogen estimation being adequately treated. Some of the 16 coloured plates are fair, but on the whole they are not worthy of the rest of the work. A book we can thoroughly recommend.

DEVICES AND DESIRES. By P. Habberton Lulham. 3rd edition. London: Brimley Johnson & Ince. 3/6 net.

This very charming volume has been previously noticed in our columns, and we congratulate Mr. Lulham on the appearance of a third edition. It is a book that not only stands the test of re-reading, but like all good things improves on acquaintance. It touches a wide range of subjects with dignity, sympathy, and poetic expression, and though the poems are introspective rather than songs of action, yet such lines as "Red Dawn" show a true and keen appreciation of Nature's gifts to the poet. The finest poem is perhaps the last in the book, an address to the author's dead mother, a true heart-cry in which the tenderest sympathy and "understanding" is expressed in verse which is extremely beautiful, and which, though abounding in the richest figures, is never overladen or tawdry. The song on page 41, and the two "things seen," "A Meeting," and "In the Train," are no less successful in their own style, and we regret we have no space to quote from them. The author has spent much pains over the book's format, and the price of it is surprisingly small.

ELLIS'S DEMONSTRATIONS OF ANATOMY. 12th edition. Revised and edited by Christopher Addison, M.D., B.S., F.R.C.S. Pp. x. & 851. Smith, Elder, & Co.

This edition of Ellis's well known work has been carefully revised, and, whilst all the best features of previous editions are retained, the re-arrangement of the subject matter has greatly enhanced its value to the present-day student. The illustrations are excellent, and the insertion of pictures of the bones showing muscular attachments has everything to recommend it. The important work which has been done of late years in reference to the anatomy of the abdominal viscera has necessitated extensive alterations in the section dealing with that sub-

ject, and, as it now stands, this section is the best in the book. There is a constant tendency in modern works on anatomy for the surgical aspect of the science to be kept less closely in view than it should be. We regret to notice that this tendency is occasionally apparent in the work under consideration. We will quote one example to illustrate our meaning. Under the description of the Thyroid gland we find no mention of what, to the surgeon, is the most important relation—the recurrent laryngeal nerve. We are glad, however, to note that considerable attention has been given to surface anatomy, and we welcome the inclusion of the editor's own work on abdominal topography. We can recommend the latest edition of "Ellis" to the notice of all students.

TEXT-BOOK OF MATERIA MEDICA. By C. R. Marshall, M.D., Professor of Materia Medica and Therapeutics in the University of St. Andrew's. Illustrated. Pp. xi. & 635. London: J. & A. Churchill. 10/6.

The author states that this work is intended to serve as a guide to the British Pharmacopæia, and as an introduction to pharmacology and therapeutics. A perusal of the contents shows that he has carefully carried out his intentions, and his own name and the names of the gentlemen whom he mentions as having assisted him in various ways are a guarantee that the matter is up to date and of the greatest value.

For the benefit of the student the more important matter is set out in large type, and in the organic section the names of the active principles are given in heavy type, thus pointing out things of importance and which in most cases should be committed to memory, and providing these features of the work are used in the proper way, and not for purely cram purposes, no doubt this arrangement is of value.

There are nearly 130 illustrations; these are well drawn, and as far as can be done in black and white give a fair idea of the appearance of the crude drugs, but though exceedingly well executed, their use should supplement and not take the place of the careful inspection of actual specimens.

The first Chapter, defining the Pharmacopæial preparations, and the Pharmacy notes scattered through the work, will be found very useful. The ionic hypothesis has been made use of in explaining the pharmacological action of the inorganic substances, and an attempt has been made to classify the organic drugs on chemical lines, and this arrangement has great attractions for the chemist and there is something to be said in its favour, but it is questionable whether with our limited knowledge of the chemistry of the various active principles that the more common grouping is not to be preferred. Constitutional formulæ of the active principles have been given where necessary. The book is well set up and undoubtedly will repay careful study.

LANDMARKS AND SURFACE MARKINGS OF THE HUMAN BODY. By Louis Bathe Rawling, M.B., F.R.C.S., Assistant Surgeon, St. Bartholomew's Hospital. London: H. K. Lewis. 2nd edition. Pp. xii. and 96. Illustrated. 5/- nett.

We are not in the least surprised to welcome so soon a second edition of this excellent little work. Its value has been increased by the addition of several more photographic illustrations that make the book most attractive. We recommend it to men whether they be "up for" Anatomy, "up for" Surgery, or in the practice of their profession; although a small work it is by no means dear at its price. We have found nothing in it which calls for criticism.

We have received two little annual publications which are as useful as they are welcome. One is "Scott's Emulsion" Diary and Note-book which probably finds a home in many medical pockets and contains much handy information. The other is Messrs. Burroughs & Wellcome's Photographic Note-book and Exposure Record for 1906, which contains its usual ingenious exposure calculator. We have tested this under most diverse conditions, and found it reliable and accurate, and also that it agrees well with more expensive instruments of the actinometer type. Exposure is the amateur's bugbear, and the man who invests his shilling in this booklet will undoubtedly regain it in the plates he saves during the year.

Appointments.

ASH, EDWIN L., M.B., B.S.Lond., L.R.C.P., M.R.C.S., Resident Anæsthetist to the Hospital.

CORBIN, H. E., B.Sc.Lond., L.R.C.P., M.R.C.S., D.P.H., Resident Medical Officer to the London Fever Hospital.

CUNNINGHAM, H. H. B., M.D. Brux., F.R.C.S.I., L.R.C.P., M.R.C.S., Chief Clinical Assistant at Moorfields, and Senior Ophthalmic Clinical Assistant to St. Mary's Hospital.

FINN, A. R., M.B., B.S.Lond., L.R.C.P., M.R.C.S., House-Surgeon to Mr. Lane.

FITZMAURICE-KELLY, M., M.B., B.S.Lond., F.R.C.S., Clinical Assistant to the Hospital for Sick Children, Great Ormond Street, and St. Peter's Hospital for Stone.

MACCALLAN, C. F., M.B., B.C.Cantab., F.R.C.S., Chief Ophthalmic Inspector to the Egyptian Government.

MARKS, URBAN, L.R.C.P., M.R.C.S., Assistant House Surgeon to the Swansea General Hospital.

MILLER, R. H., M.B., B.S.Lond., L.R.C.P., M.R.C.S., House Physician to Dr. Lees.

MORGAN, W. PARRY, M.B., B.C.Cantab., B.Sc.Lond., L.R.C.P., M.R.C.S., House Surgeon to Mr. Pepper.

NIXON, J. HOBART, M.B, B.S.Lond., Assistant Medical Officer, Lewisham Infirmary.

Pass Lists.

UNIVERSITY OF CAMBRIDGE.

THIRD M.B. EXAMINATION.—PART I.

Pharmacology and General Pathology.—G. H. Dunn, B.A., A. Hamilton, B.A., O. Heath, B.A., C. E. Redman, B.A., H H. Taylor, B.A.

PART II.

Surgery, Midwifery, and Medicine.—E. D. Anderson, B.A., G. H. U. Corbett, B.A., A. H. Falkner, B.A., C. Lillingstone, B.A., C. L. Isaac, B.A., W. Parry Morgan, M.A.

The Services.

Capt. W. R. P. Goodwin, L.R.C.P., M.R.C.S., now stationed at Rawal Pindi, is appointed Personal Assistant to the P.M.O., Northern Command, India.

CHANGE OF STATION.

Capt. S. W. Sweetnam, L.R.C.P., M.R.C.S., from Colchester to Warley.

Lieut. N. Low, R.A.M.C., has changed station to Birsandra Camp, near Bangalore, India.

Lieut. C. Ryley, L.R.C.P., M.R.C.S., from Cork to Hong Kong.
Lieut. G. H. Richard, L.R.C.P., M.R.C.S., from Bulford to India.

INDIAN MEDICAL SERVICE.

PROMOTIONS.

Lieut. V. B. Nesfield, F.R.C.S., to Captain.
,, H. M. Brown, M.B.Lond., to Captain.
,, A. F. Pilkington, L.R.C.P., M.R.C.S., to Captain.
,, P. G. Easton, L.R.C.P., M.R.C.S., to Captain.
,, F. C. Rogers, L.R.C.P., M.R.C.S., to Captain.

ROYAL NAVY MEDICAL SERVICE.

Surgeon A. S. Bradley, M.B., B.S.Camb., has been appointed to the Portland Hospital.

VOLUNTEER CORPS.

Lieut.-Col. A. B. Wade, M.B.Edin., M.R.C.S., L.S.A., 2nd Vol. Batt. Hampshire Regiment, has been awarded the Volunteer Officers' Decoration.

Change of Address.

BIRD, G. G., M.R.C.S., L.S.A., 14, Warwick Road, Paddington.
BRINCKER, J. A. H., M.B., B.C.Cantab., L.R.C.P., M.R.C.S., D.P.H., 57, Great Ormond Street, W.C.
CAMERON, A. G. R., M.B., B.S.Durh., L.R.C.P., M.R.C.S., D.P.H.Camb., St. Mabyns, Dawnview Road, Worthing.
DEMZILOE, W. LE GROS, M.D.Durh., M.R.C.P.Edin., New Barn, Longfield, Kent.
DORE, S. E., M.B., B.C.Camb., L.R.C.P., M.R.C.S., 26, New Cavendish Street, Portland Place, W.
DRAPES, T. L., L.R.C.P., M.R.C.S., The Cedars, Chepstow, Mons.
FITZGERALD, R., M.D.Brux., L.S.A., 3, Lauderdale Road, Maida Vale (Telephone 1188 Paddington).
GRIEVES, J. P., L.R.C.P., M.R.C.S., "Fairlawn," Portishead, Somerset.
HARDWICKE, W. W., M.D.St.And., M.R.C.P., L.R.C.S. Edin., 1 & 2, Argyll Mansions, Beaufort Street, Chelsea.
HAYWARD, HOWARD, M.R.C.S., L.D.S., 16, Blakesley Avenue, Ealing, W.
LEANING, R. C., M.B.Lond., L.R.C.P., M.R.C.S., 23, Rusthall Avenue, Bedford Park, W.
LEWITT, B., L.S.A., "Edendale," Pepys Road, Wimbledon.
LOW, ALLAN D., L.R.C.P., M.R.C.S., 23, St. Stephen's Road (East), West Ealing, W.
MACARTHUR, J., L.R.C.P., M.R.C.S., 2, Ember Villas, Manor Road, East Molesey.
MACLEOD, H. W. G., M.D., M.S.Edin., D.P.H.Camb. and Lond., 17, Upper Wimpole Street, W.
OWST, A. R., F.R.C.S.Edin., L.R.C.P., L.R.C.S.Edin., "Inverlochie," Agincourt Road, Hampstead Heath, N.W.
PATON, J. SCOTT, L.R.C.P., M.R.C.S., Kew, Melbourne, Australia.
PAUL, V., L.R.C.P., M.R.C.S., 45, Mecklenburgh Square, W.C.
PLIMMER, H. G., M.R.C.S., L.S.A., 3, Hall Road, N.W.
PRICE, E. H., L.S.A., 144, Priory Street, Carmarthen.
RANSFORD, S. Y. G., L.R.C.P., M.R.C.S., 4, Westbourne Street, Hyde Park, W. (Teleph. 2072 Padd.).
RUNDLE, C., M.D.Lond., L.R.C.P., M.R.C.S., D.P.H., Gore Farm Hospital, Dartford.
RUSS, C., M.B.Lond., L.R.C.P., M.R.C.S., 22, Selsdon Road, West Norwood, S.W.
SECCOMBE, C. W., L.R.C.P., M.R.C.S., Guaton Terrace, Albaston, Tavistock.
STACPOOLE, H. DE VERE, L.S.A., 77, High Street, Notting Hill Gate, W.
TATTERSALL, J., L.R.C.P., M.R.C.S., 1, Sandwell Mansions, W. Hampstead, N.W.
THOMPSON, F. G., M.B.Lond., The Limes, Hanwell, Middlesex.
VINTRAS, G. C. L., M.D.Durh., L.R.C.P., M.R.C.S., 8, Devonshire Street, Portland Place, W.
WARREN, S. H., L.R.C.P., M.R.C.S., 155, High Street, Gillingham, Kent.

TELEPHONE NUMBERS.

GODDARD, W. H., M.D., B.C.Cantab., M.R.C.S. (Teleph. 4453 Padd.).
GRAHAM, C. I., F.R.C.S. (Teleph. 4159 Padd.).
HARDWICKE, R. R., L.R.C.P.Edin., M.R.C.S., (Teleph. 81 Hampstead).
HURLBUTT, SPENCER, L.R.C.P., M.R.C.S., L.S.A. (Teleph 25 Mayfair).
LOW, V. WARREN, M.D., B.S.Lond., F.R.C.S. (Teleph. 626 Padd.).
POYNTON, F. J., M.D.Lond., F.R.C.P. (Teleph. 1932 Mayfair).
SASS, WILFRID, L.R.C.P., M.R.C.S. (Teleph. 1336 Western).
SEWILL, HENRY, M.R.C.S., L.D.S. (Teleph. 962 Mayfair).
SIMMON, G. A., M.D., B.S.Lond., L.R.C.P., M.R.C.S., (Teleph. 1595 Victoria).
SMITH, S. MAYNARD, M.B., B.S.Lond., F.R.C.S. (Teleph. 2890 Padd.).
WAKEFIELD, R. CLARK, M.D.Brux., F.R.C.S.Edin., M.R.C.S. (Teleph. 3912 Padd.).
WALL, V. F., L.R.C.P., M.R.C.S., L.S.A. (Teleph. 6170 Gerrard).
WINDER, J., L.S.A. (P.O. Teleph. 51 Ealing).
WORTH, R.A., M.B., B.S.Durh., L.R.C.P., M.R.C.S. (Teleph. 5 Wimbledon).

Announcements.

MARRIAGES.

SUMNER—CULLY.—On December 20th, at the Cathedral, Bombay, Captain Fred. W. Sumner, Indian Medical Service, M.B., B.C.Camb., L.R.C.P., M.R.C.S., F.R.C.S.Edin. (17th Cavalry), younger son of the late William Sumner of Preston, to Helena Maud Marie (Lena), youngest daughter of Arthur S. Cully of 29, Crockerton Road, Wandsworth Common, Official Receiver to the London Suburban and Southern Districts.

GRAHAM—COX.—On December 9th, 1905, at Holy Trinity, Sloane Street, by the Rev. J. Taylor, LL.D., Vicar of Winchcombe, Glouc., assisted by the Rev. H. R. Gamble, Vicar of Holy Trinity, Cecil Irving Graham, F.R.C.S., son of the late W. H. Graham, Esq., of West Australia, to Janet, daughter of Dr. William Cox, of Winchcombe, Gloucestershire.

DEATH.

PAINE.—On January 6th, George Reuben Robbins Paine, M.R.C.S., L.S.A., at Bournemouth, late of Lympstone, Devon.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XII.—No. 2. **FEBRUARY, 1906.** **Price 6d.**

Notes.

We offer the hearty congratulations of St. Mary's to Dr. Wilfred Harris, on the announcement of his engagement to Miss Mabel Mayne, elder daughter of the late Rear-Admiral Richard C. Mayne, C.B., M.P., and Mrs. Mayne, of 101, Queen's Gate, W.

At the Annual General Meeting of the Club, held on the 12th inst., Mr. Lane was re-elected President and Mr. Alan Wells Secretary, the remaining members of the Committee chosen being Messrs. J. J. Louwrens, C. M. Wilson, W. R. Taylor, and E. W. Archer. Probably for the first time in the Club's history the meeting threatened to assume a political tinge on the subject of the papers to be taken, but with a magnanimity unknown in party politics the Tory majority present consented to waive their right of might and allow the supporters of the present Government the privilege of reading the "Tribune" and "Daily News" in the Club premises. A revolutionary attempt to deprive the members of the privilege of reading the "Daily Mail" met with the suppression that its hardihood deserved.

As the whole matter of Club Administration is shortly coming up for full discussion in Committee, we again hold over our correspondent's letter on the subject.

The first annual meeting of the Students' Cot Association will be held at 5 p.m., on Thursday, February 22nd, in the Library. It is hoped that as many members as possible will turn up, as there are a good many matters for discussion. The reason that it has been deferred so long is that there are about twenty cards which have not yet been sent in, and until their holders return them it is quite impossible to prepare a balance sheet for the year. If any such members read this notice we hope that they will send in the cards and money collected to Mr. Matthews without further delay. The report to be presented will, we believe, be a most encouraging one, and we trust that all who attend the meeting will be prepared to renew their membership for this year.

We are asked to give notice that the Committee will bring forward the following resolution:—"That the existing Committee be increased by two members, one representing the Medical School, and one the Hospital."

We are asked to call attention to the approaching award of the first Begley Studentship of the Royal College of Surgeons. It consists of the dividends derived from the Begley bequest,—£20 per annum, and is tenable for 3 years, the awards to be made at that interval of time. It is open to any candidate admitted to the second exam. of the Conjoint Examining Board held in April, 1906, and will be awarded to the man obtaining the highest number of marks in the Anatomical part of the examination. In the case of two men gaining equal marks, the Physiological part will be taken into account. It is rarely that such a tempting chance presents itself to junior men, and we trust that a keen contingent may represent St. Mary's on the Embankment in April. The only conditions of the award are that its holder shall produce a yearly certificate from his

Dean that "his conduct has been satisfactory, and that he has been applying himself diligently to his studies."

At the recent Annual Meeting of the Musical Society all the officers for last year were re-elected without opposition, Dr. Hyslop remaining President.

We congratulate Mr. H. E. Corbin on his recent appointment as Medical Superintendent to the London Fever Hospital, and that institution on having secured an excellent man for the post.

The great victory against St. Thomas' at Richmond is fully recorded in another column. We cannot refrain, however, from reiterating the hearty congratulations of St. Mary's to her Rugger Team on their splendid performance, and to wish them equal success in the Semi-final and Final.

We hope that Monday the 19th will see a record gate for the Guy's match and that all the Vanguards will arrive before half-time at least.

We note with pleasure that the Royal College of Physicians has appointed Captain Leonard Rogers, I.M.S., as Milroy Lecturer for 1907. His subject will be "Kalar-Azar, its Differentiation and Etiology." His past work has thoroughly entitled him to this official recognition of his services to medicine.

Lieut. A. F. Hayden, of the same service, has taken both the Montefiore Bronze Medal and Prize in Military Surgery and the Martin Gold Medal in Military Medicine. We congratulate him on landing such a splendid double.

Many of our readers have doubtless seen an interesting article in a recent number of the "Lancet" by Mr. Edwin Ash, on some experiments in Hypnosis. We wish to express our sympathy with that gentleman on the persecution to which that article subjected him at the hands of the lay press. Not only did a "Daily Express" reportress (or is it reportrix?) hunt him down in number one room somewhere about breakfast time, but when she had been flatly refused any information on the subject she yet managed to cook up a column for their chief news page from the paper in the "Lancet." This was as nothing, however, to the predatory enterprise of a publication called "The Hastings and St. Leonards Observer," which not only lifted the whole of a lengthy article bodily from the Lancet's pages, but prefaced it with certain remarks distinguished more for bad grammar than good taste. Whilst congratulating this enterprising weekly on a cheap and ready method of obtaining copy, we should like to lift a small cry of protest against the scandalous infringement of copyright, which we trust the "Lancet" will follow up strongly. It is high time that purely scientific papers published in medical journals should be protected from the would-be sensation mongers of the lay press.

Another old friend has left the Hospital in Miss Lilian Henshaw, Sister of Thistlethwayte Ward, who has resigned the post she has held for the last five years. She intends to train in midwifery, and may go abroad later for the Colonial Nursing Society. Wherever she goes she will take with her the good wishes of several generations of St. Mary's people, for she had charge of the Ophthalmic and Lilian Holland Wards before becoming "Sister Thistle."

Acting Sister Beale has also resigned her post in the Eye Wards, but happily is not yet leaving the Hospital.

Three little scraps from O.P.'s, which really did happen:—

(*a*) *Inquiring Nurse.*—"Oh, Mr. ——, what *is* that medicine that Dr. —— is always prescribing that ends in 'pip.'?"

(*b*) *O.P. Physician* (*to Clerk*).—Mist: Alk: Amara, one ounce t.ds. *Clerk* (*writing*).—Mist: Ale cum ara, &c.

(*c*) *Porter* (*calling anæsthetist*).—Please sir, Mr.—— is going to operate and wants an atheist!

A certain lecturer was asked the other day by an enterprising member of his class for permanent leave of absence, as he had to go and coach at that hour. We admire that young man's nerve! He is now attending the lectures.

A certain patient alarmed Prince's the other day by returning his breakfast with a vivid blue colour added. However, the H.P. bethought him thus:—Mist Pot: Iod: + Sanitas gargle = free Iodine. Iodine + Bread for breakfast = Blue. Marvellous, isn't it? However, it seems rather waste of a good opportunity. Dyspepsia Carulœa Regurgitans would have been quite a good disease to start author on.

"Anxious Enquirer" is informed that the conglomeration of wheels, eccentrics, cranks, and levers that has recently arrived in Medical O.P.'s is neither a thrashing machine for clerks who have lost their energy or a therapeutic measure for the cure of hysteria by suggestion, but an orthopœdic apparatus by which adhesions are broken on the wheel by appointment on Tuesday and Friday mornings.

We hear that the new version of an old rhyme, as sung in Dr. Hirsch, runs as follows:—

Hit a brick, hit a brick, H.-P. man,
Send up your scarlets as fast as you can.
Notify quinsies and mark them with Δ,
And a Medical Super. will ask you to tea!

The half-yearly balance sheet that we publish of the London & County Banking Company (the Hospital's Bankers) is an astonishing record of success; they declare a dividend of 20 per cent. for the year, write off £75,000 for the Reserve Fund, etc., and carry forward a balance of £78,317. In these days of hard times for the Hospital, it is something to be attached, even as a customer, to such a flourishing institution.

St. Mary's Hospital Hockey Club.

ST. MARY'S *v.* R.N.C., GREENWICH.

This match was played at Greenwich on Wednesday, February 7th. The R.N.C. won by four goals (Cronaz 2, Beadle 1, Horton 1) to two goals (Hare and Wickham). The play in the first half was fairly even, though the score was 2 to 1 against us at half-time. In the second half we scored once, but the R.N.C. had things much their own way, and kept our backs and goalkeeper busy. Ollerhead had the misfortune to be hurt, which caused him to go off the field for the rest of the game and prevented him from playing in the Cup Tie. Immediately after this they scored, and netted the ball once more, just before the finish. For Mary's, Ollerhead, Taylor, Barker and Garrett all played well. The R.N.C. halves fed their forwards well throughout.

TEAM.—*Goal*—Lovell. *Backs*—Straton and Ollerhead. *Halves*—Maurice, Evans, Garrett. *Forwards*—Barker, Faulkner, Wickham, Hare, Taylor.

CUP TIE—*v.* MIDDLESEX HOSPITAL.

This was played at Blackheath, on Friday, February 9th, and resulted in a win for Middlesex by 6 goals to 3. The ground was soft and coated with ice. We were without the services of Littlejohn and Ollerhead and losing the toss were handicapped by playing with the sun in our eyes throughout the first half. The half-time score was 4-1 against us. Macefield whose shooting was excellent during the whole game scored all their goals while Faulkner scored for us, Barker having taken it into their circle up the left wing. In the second half we had almost as much of the play as did Middlesex, each scoring twice. Faulkner scored a rather lucky goal for us, the ball dodging their goalkeeper by hitting the goal post instead of going behind. Then Macefield scored for them after a scramble in the circle and several saves. We again got the ball to their circle up our right wing, Taylor centred and Wickham put it through. Immediately after the bully this performance was repeated but Barker knocked on in steadying the ball for his shot. Just at the end Macefield brought the ball into our circle and although he did not actually put it through one of our backs accidentally saved him the trouble. Macefield was by far the most conspicuous of the Middlesex XI. Heygate at centre-half fed his forwards well. Their left-back also played a useful game. For Mary's, Taylor and Hare combined well and played an excellent game; in this they were much aided by Garrett at right-half. Faulkner and Wickham seemed too fond of hard hitting, but this was useful for their shooting. Barker, on the left, made several good but individual rushes.

TEAM.—*Goal*—Lovell. *Backs*—Straton, Thomas. *Halves*—Meers, Evans, Garrett. *Forwards*—Taylor, Hare, Wickham, Faulkner, Barker.

On the Induction of Premature Labour.*

By WILLIAM J. GOW, M.D., F.R.C.P.
Physician Accoucheur in charge of Out-Patients, St. Mary's Hospital.

I propose in this paper to deal principally with the induction of premature labour in cases of pelvic contraction, although in conclusion I hope to make a few remarks on the induction of labour and miscarriage for causes other than this.

The process of labour is not a simple problem in dynamics, for there are many factors present which we cannot accurately calculate beforehand. The size of the child and the hardness of its head are conditions which can only be imperfectly determined, whilst the vigour and effectiveness of the uterine contractions are quantities which cannot be foreseen, and yet are the most important elements leading to success. For contractions to be effective they must possess an onward driving action, which is by no means always present. We may take it as a good working rule that a viable child cannot be delivered through a pelvis with a true conjugate of less than three inches. The estimation of pelvic contraction resolves itself into the measurement of the diagonal conjugate. The external measurements which are made with a pair of callipers do not practically count for anything. They are generally made and recorded as a matter of routine, but the only measurement of real practical importance that can be determined is the diagonal conjugate which is the distance between the sacral promontory and the under surface of the pubic symphysis. As we all know, this measurement cannot be made unless there is flattening of the pelvis, because the finger is not long enough to reach the promontory of the sacrum unless that bone has sunk in towards the symphysis pubis. To make this measurement accurately requires a good deal of practice, and those who have not had much practice are apt to think the diagonal is shorter than it really is, and thus to under-estimate the size of the pelvis which is being measured. Many authorities recommend the use of two fingers, the top of the 2nd finger being placed against the sacral promontory, and the index finger of the other hand is used to mark off the point of contact with the subpubic ligament. I have found as the result of very considerable practice that it is better to introduce only the forefinger and to rely on the sensation impressed by the subpubic ligament for the determination of the point of contact. This is best done as a rule with the patient in the left lateral position, though sometimes, but not generally, it is easier when the patient is lying on her back.

My own index finger measures exactly four inches, so that as the result of practice I can tell at once what the length of the diagonal conjugate is without using either tape or callipers with which to measure the finger. It is convenient and easy to keep in your mind's eye a scale at the side of the index finger. It is certain that no amount of practice will enable anyone to make this measurement with absolute accuracy. An error of ⅛ in., and sometimes perhaps of ¼ in., must from time to time exist.

Another source of error in the estimation of the true conjugate is that practically it is only arrived at by subtracting about ½ in. from the diagonal conjugate. The amount to be so subtracted is no doubt not always the same, but it is not practicable to determine when more and when less should be so subtracted.

For my own part, I always subtract ½ in. from the measured diagonal conjugate, and this seems to me to give results as accurate if not more so than any other. The direct measurement of the true conjugate by the introduction of the whole hand into the vagina after the delivery is completed is eminently unsatisfactory.

In the estimation of the degree of contraction we have to be contented with a rule-of-thumb method, which, though lacking strict scientific accuracy, enables one with practice to get wonderfully near the mark.

If we now turn to the child, we see that the presentation and position can be determined and the size of the child roughly guessed at. To judge of the relative size of the head and pelvis an effort may be made to push the head into the brim, but the information derived from this is of less value than some suppose.

The vigour and the efficiency of the uterine contractions to be expected is always an unknown quantity, though the observation of previous confinements in the same patient may be of some use in forming an opinion.

The one constant quantity which is capable of being measured is then the diagonal conjugate, and the period of induction is for all practical purposes deduced from this.

The broad general principle upon which I act is that labour should never be induced before the 36th week if it can possibly be avoided. The common error is, I think, to bring on labour too soon.

The whole object of the procedure is to obtain a child that will live. A large proportion of children born at or about the 32nd week either are born dead or fail to survive, especially if any difficulty has been experienced during the birth.

The more premature the baby the less manipulation will it tolerate during the process of delivery. A 36th week baby who has required a good deal of instrumental assistance to get it through is on the whole more likely to survive than one of 30–32 weeks which has required only a little help.

At the 36th week, when the child should normally weigh about 5 lbs., I have often known labour to terminate quickly and spontaneously, although the true conjugate was certainly not more than 3¼ inches. When the true conjugate is less than 3¼ inches the delivery of a child that will survive, through the natural passages, is exceptional.

If the true conjugate is 3½, delivery at term is often possible, though perhaps induction at 37th–38th week is preferable.

I have known several instances of women who have had labour induced on four or five separate occasions, but have never had a child that survived, until, as the result of an accident, they were allowed

* A Paper read before the St. Mary's Hospital Medical Society on Jan. 17th, 1906.

to go to full term; and it was only a few weeks ago that a woman whom I had marked down as a probable case of Cæsarean section delivered herself of a 5-lb. baby after a second stage of 15 minutes. I have often regretted bringing on labour too soon, but very seldom of leaving it too long.

It is important to admit that it is not possible to determine the exact week at which the child has arrived. Taking the last day of the last monthly period as our guide, we can, of course, say at any particular period that a child is not more than so many weeks; but if conception occurred not directly after that period, but perhaps just before the next, there will be a possible range of error of nearly 3 weeks. Thus, when we say the child is 34 weeks old, we mean that it cannot be more than 34, though it may be only 32, or even 31, weeks old. This is an extra reason for the avoidance of too early an induction. Thus, from what I have said, we realise three main facts—

1. We cannot tell absolutely what is the exact size of the true conjugate.
2. We cannot tell at any particular moment the precise intra-uterine age of the child.
3. We do not know the precise size of the child's head.

If the woman's uterus will push the child out from above, its chance of survival is far greater than if it has to be dragged through the brim with forceps.

After forceps' application, useful moulding is practically impossible.

The determination of the exact period at which in any particular case labour should be induced is therefore obviously a matter of guesswork, and it is well to recognise in all humility the limitations of our art.

But in spite of this, induction of labour is useful, if not done too soon.

I now pass on to say a word or two on the methods by which labour may be brought on.

When it is desired to induce labour in a woman with a contracted pelvis, the operation is undertaken solely for the benefit of the child. It is therefore desirable to imitate as closely as possible the natural course of events in full term delivery. There is no particular reason for hurry, and consequently violent methods are unsuitable. The introduction of one or more bougies into the uterus is far the best plan, and one that I now use to the exclusion of all others. A large-sized instrument should be chosen, and it should after previous boiling be introduced into the uterine cavity as far as its hilt. If any difficulty is experienced in passing it into the uterus, it may be mounted on a wire stillette, after removing the ivory button end, for all these instruments are hollow. Thus stiffened with a stillette, it usually passes easily along the posterior uterine wall, separating the chorion from the uterus as it enters. When fully passed in the stillette is withdrawn, and the bougie remains in position without any plug, the end just protruding from the external os. In this case there is no risk of the bougie coiling up in the lower part of the uterus, as it may do if no stillette is used; but of course there is a greater likelihood of the membranes being ruptured than when a soft unstiffened instrument is used. This, however, is not really a drawback, as if the membranes are ruptured labour comes on much more quickly, and the absence of the bag of membranes is not nearly so important as we are generally led to believe. The first stage of labour has never seemed to me to be noticeably delayed as the result of this accident. In a few cases when the cervix is unusually high up, or the patient is very intolerant, an anæsthetic will be required before the bougie can be got into position, and before commencing the procedure it is well to warn the patient that this may be necessary, as otherwise a failure to introduce the instrument may be put down to the clumsiness of the operator. A volsellum and duck-bill speculum in this case prove of assistance.

The most important point to remember in connection with this operation is that it takes time. I generally tell the patient or relatives that labour may come on in twenty-four hours, but that, on the other hand, it may take a week. Unless such a warning is borne in mind and given to the relatives, the doctor is apt to become impatient and be induced injudiciously to attempt to force the uterus to act too soon.

If at the end of 48 hours no pains have set in, another bougie may be put in and the membranes at the same time ruptured. You may then calmly await events.

I find that at Queen Charlotte's Hospital, from January 1st to September 1st in this year, there have been 18 cases of induction of labour for contraction of the pelvis. The method employed was the one I have just described. The average time that elapsed from the introduction of the bougie to the delivery of the child was 64 hours, the shortest time being 22 hours and the longest 157 hours (which is just over a week). Bougies in this latter were alone employed, and the membranes were not ruptured. When the membranes are ruptured at the time of introduction of the bougie I have often known labour to set in almost at once and to be completed within 12 hours.

The risk of sepsis when this method is employed, if the vagina be first douched and the bougie boiled, is infinitely small. I do not believe that there is any likelihood of separating the placenta: at any rate I have never met such a case. Even if it were separated, the separation must necessarily be very slight, too slight to cause any considerable hæmorrhage.

Some years ago it was the fashion to induce labour in these cases by the introduction of hydrostatic bags. This method I believe is bad in cases of pelvic contraction. What we want to do is to excite regular and effective uterine contractions. The bag forces the cervix open, but often produces very ineffective pains. Sometimes, although the cervix is fully dilated by the bag, no pains at all occur, and after the bag has come out I have known the uterus to close completely up again. As I have already pointed out, effective uterine pains have much to do with the success of the case, and if the passages are opened up, and the child has to be dragged through from below instead of pushed through from above, the chances of its life are greatly lessened. In these days of frequent forceps application it is well to remember that the high forceps operation exposes, and always will

expose, the child to a very considerable risk. This is especially true in the case of premature children. The other methods of induction of labour commonly described in text-books may be dismissed from the mind as quite unsuitable in the cases under consideration.

It would seem then from the above remarks that a pelvis with a true conjugate of somewhere between $3\frac{1}{4}$ and $3\frac{3}{4}$ inches is a suitable one in which to induce labour. If the true conjugate is $3\frac{1}{4}$, even if labour be induced about the 35th week, the chances of the child surviving or dying are about equal. There is a certain individual element in the woman that cannot be neglected, but can only be arrived at by the history of previous labours. Two women may be of the same age, height and weight, and yet one can walk twice as far as the other; and thus there are some women with a $3\frac{1}{4}$ in. pelvis who seem unable to bring forth a living child, whilst others accomplish the feat at any rate from time to time.

Below $3\frac{1}{4}$ inches I think it is hardly wise to recommend delivery by the induction of premature labour.

We must remember that at the present day Cæsarean section occupies a totally different position to what it did even 10 or 15 years ago, and that under favourable surroundings it may be undertaken with complete confidence not only that a living child will be obtained, but also that the mother will recover. And further, it may be asserted that the convalescence will be as smooth and uneventful as after an easy delivery by the natural passages. Chance has thrown in my way, comparatively speaking, a large number of cases of contracted pelvis, which required delivery by this method, and I have been greatly impressed with its ease and safety. When properly done it leaves the woman with a 3-inch abdominal scar, and it may be repeated with equal safety if the woman again becomes pregnant. Although it is obvious that public sentiment is, and probably always will be, in favour of delivery through the natural passage, some of my patients who have tried both speak highly of the abdominal route, and in no way fear a repetition of the operation.

With a $3\frac{1}{4}$–$3\frac{1}{2}$ in. pelvis induction should at any rate be tried on the first occasion, unless the woman is somewhat advanced in years and unlikely to again become pregnant. But repeated inductions with such a pelvis, if they in each case end in failure to obtain a child that will survive, would surely be better treated by the Cæsarean operation at full term. It is difficult for the public and profession to throw aside the notion that this operation is something which presents unusual difficulties and danger. It is still surrounded by a kind of glamour which is derived from the teachings of our student days, and the lack of familiarity with this operation which many of us still suffer from. My own opinion is that this operation is one of the safest and easiest of all abdominal operations. But I will not enter on any detailed discussion on this subject, because it is outside the scope of the present paper.

One further word of warning I should like to utter in connection with contraction of the pelvis. We must not necessarily assume, because the delivery of the first child presented very unusual difficulties, that the pelvis is necessarily contracted. Measurement of the diagonal conjugate can alone determine this fact. This difficulty may have been due to an unrecognised persistent occipito-posterior position or to some other cause. I have met with people who, on account of a difficult first labour, have been told by their doctor that they on no account must again become pregnant, and yet when they have disregarded this advice their second labour has sometimes been quite easy.

A few brief remarks on the induction of labour in cases other than those of contracted pelvis, when the child is viable, may be not inappropriate.

Among these cases it is anteparturin hæmorrhage which more often than anything else demands intervention. When this is due to placenta praevia, whether the bleeding be great or little, it will, I think, be agreed that labour should always be induced without delay, even if the bleeding has for the time ceased. It is bound to recur, so that there is no object in delay. It is clearly not my purpose to discuss the treatment of placenta praevia in general, but I would merely observe that some form of hydrostatic bag is the best means of starting labour in such cases.

The student, whose practical knowledge in obstetrics is generally of the very smallest, usually remarks, when asked how he would deal with this kind of case, that he would empty the uterus. It cannot be too widely remembered that the opening up of the cervical canal is a physiological process which cannot be imitated by force. By force the cervical canal can be opened up to admit one, and sometimes two, fingers, but never more. If the cervical canal has already disappeared, and the os exterium alone remains undilated, then of course we have a totally different state of affairs. It is idle to talk of emptying the uterus as long as the cervical canal remains entire; all we can do is to excite the uterus to open up its lower segment, including the cervix; and when as it were the gates have swung open, then we can talk if we like about the propriety of dragging out its contents.

When a normally situated placenta has become partially detached, thus giving rise to what is technically known as accidental hæmorrhage, the line of action cannot be so definitely laid down.

In severe cases, labour generally sets in spontaneously; but if it does not, there is every reason why it should be induced.

In slight cases, where only a few ounces, or not more than half a pint, of blood has been lost, if the patient can be kept under observation there is no necessity to act at once. With rest under these circumstances the bleeding is sometimes not repeated. If the woman is close to full term, it is perhaps safer to induce labour; but if she is not more than 32 or 33 weeks pregnant, the delay even of a few weeks is of great advantage to the child.

The question of eclampsia is too large a one to enter on, but I would merely observe that the occurrence of an eclamptic attack is not of itself an indication for the immediate effort to bring on labour. Although no doubt benefit will be derived from the termination of pregnancy, labour pains will often

aggravate the symptoms. If the patient's condition permits, as it sometimes does, of a delay of 2 or 3 days, during which time by proper diet and medicinal treatment the general nervous irritability is lessened, the dangerous period of labour may be passed through with safety.

In conclusion, I should like to touch lightly upon the thorny subject of the induction of labour before the fœtus is viable.

We are probably most of us familiar with the patient who, when pregnant for the third or fourth time, is firmly convinced that she is not strong enough "to go through with it again," to use her own expression. She will tell you that she is certain that she will die if the pregnancy is allowed to go, and gets into such a highly excited frame of mind that her husband and friends quite fall in with her views. Such patients, of course, want talking to severely.

Prof. Pinard, of Paris, who is one of the most thoughtful and learned of the present day obstetricians, lays down the rule that the induction of miscarriage should only be undertaken when a disease produced or aggravated by the pregnancy actually threatens the patient's life.

If the induction of miscarriage is confined to such cases we cannot truly be said to kill the child, because from the nature of things the child is already condemned to death.

UTERINE HÆMORRHAGES.

Bleeding in the later months of pregnancy I have already lightly touched on, but, as we well know, women may bleed during the early months, even before any definite placenta is formed. It is by no means rare to find that, after having gone a week or more over her time, the first indication of pregnancy is the occurrence of slight persistent bleeding. I have been accustomed to teach students that, next to amenorrhœa, the most usual indication of the existence of pregnancy is bleeding; and this, though perhaps a somewhat exaggerated statement, has a large germ of truth in it. We have no good name for this condition, and the state is generally spoken of as one of threatened miscarriage. This, of course, in a sense is true; but many such cases, in spite of bleeding extending over a period of three months or more, finally reach term. It is extraordinary how persistently a woman may bleed and yet all the time the ovum continues to grow as if nothing was happening.

Hæmorrhage of this kind occurring in early pregnancy may of course result in the death of the ovum, and in this case the uterus will not grow, and thus the condition where a withered ovum or carneous mole is retained in the uterus may be distinguished from one where there is a living growing ovum.

These cases are often very difficult to manage, as patients are apt to get very restless at the persistence of the bleeding, and disinclined to lie up, which, after all, is the only method of treatment which is effective. None the less, such a condition of affairs does not demand interference unless the condition of the patient's health is seriously endangered.

Three Cases of Paralysis of the Left Vocal Cord.

By WALTER BROADBENT, M.A., M.D. Cantab., M.R.C.P.,
Assistant Physician to the Sussex County Hospital.

Paralysis of the left vocal cord is most frequently due to aneurysm of the third part of the arch of the aorta, but the following cases, which have been recently under my care at the Sussex County Hospital, illustrate more uncommon causes.

Case I., J. S., aged 39, an ex-soldier, came complaining of hoarseness, and also of regurgitation of fluids through the nose when drinking.

He had syphilis 17 years ago, but was otherwise well until six months before, when he, in the course of a few days, developed right hemiplegia with aphasia. He was admitted to a hospital and treated with mercury and potassium iodide. While taking half drachm doses of the iodide three times a day rapid improvement took place, and he left the hospital with very little remaining of the hemiplegia. He continued taking the iodide regularly, and was still taking it, when, three weeks before he was seen, he noticed that his voice was becoming hoarse, and two weeks later the regurgitation of fluid through the nose began.

On examination it was found that the left half of the palate and the left vocal cord were paralysed, the left pupil was much larger than the right, both pupils reacted to light. The right arm and leg were weak, but he was able to walk fairly well. The right naso-labial furrow was flattened and the tongue was protruded slightly to the right; the right wrist jerk and the knee jerk were exaggerated, ankle clonus was easily obtained, and the toe reflex of the extensor type. On the left side the reflexes were normal. The optic discs were quite healthy. There was no anæsthesia.

The paralysis of the left half of the palate at the same time as the left vocal cord pointed to the lesion not being in the recurrent laryngeal, but in the branch of the spinal accessory which joins the vagus, recently shewn by Horsley and Beevor to be the origin of the nerve supply to the muscles of the palate as well as of the larynx; previously anatomists had held that the facial nerve supplied the soft palate. In the chest there was nothing pointing to any lesion of the recurrent laryngeal.

The patient was still taking a drachm and a half of potassium iodide every day when this paralysis came on, and had been so doing for six months, a proof of Sir W. Gowers' contention that iodide loses its efficacy unless the treatment is intermittent. He was then given mercury instead, and under this the palate recovered in a month to such an extent that there was no regurgitation of fluids, and the vocal cord came nearer the middle line, improving his speech, but neither regained full mobility.

He was then not seen for two months, during the latter part of this time he suffered from headache chiefly in the right frontal region, and he had now discovered that he was unable to see with his right eye, but he could not be sure whether the blindness had come on suddenly or not. The left pupil was as-

before larger than the right, it contracted to light and to accommodation. The right pupil did not contract to light when examined alone, but did so consensually with the left both to light and accommodation. There was no perception of light at all with the right eye; the vision of the left was good, except for some contraction of the field on the nasal side. The optic discs were quite normal in appearance.

The lesion causing this blindness in the right eye must have been in the optic nerve itself; any destruction of the optic tract behind the commissure would have caused hemianopia instead of complete blindness of one eye.

This case illustrates well the multiplicity of lesions usual in syphilis attacking the nervous system. The first probably a gumma in the cortex of the left side implicating the vessels in or emerging from the fissure of Sylvius; the second a specific thickening of the dura mater on the left side of the medulla compressing the branch of the Spinal Accessory going to join the vagus; and the third a lesion affecting the right optic nerve, not improbably gummatous thickening of the periosteum of the optic foramen.

Case II., Mrs. L., 52, a very thin woman, stated that four months before she had awakened one morning with her voice very weak and hoarse. Two years previously she had had her right breast removed for cancer, and there had been no recurrence in the scar or in the skin.

She had a slight cough and was easily out of breath, she had never been very strong, but had noticed that she was getting weaker during the last two months.

The left vocal cord was found to be paralysed in the cadaveric position. On examining the chest there was deficient movement on the left side. There was absolute dulness over the left front from the apex down to the fourth rib, extending outwards as far as the anterior axillary line, and in the first and second space for ¾ inch to the right of the sternum. On auscultation coarse friction was heard all over the dull area, but this gave rise to no pain. Breath sounds were faint, vocal resonance and fremitus could not be tested owing to the feeble voice. Below the dull area the breath sounds were louder and accompanied by medium crepitations. Resonance over the right front was good except near the sternum. Breath sounds were loud and accompanied by rhonchi in the upper part of the chest and by medium crepitations below. At the back there was only dulness above the spine of the scapula on the left side, breath sounds were feeble over this area and for an inch below; over the rest of both backs breath sounds were fair but accompanied by rhonchi and crepitations. The pulses at the wrists were equal, the heart's apex was in the fifth space one inch internal to the vertical nipple line. The sounds were normal at the apex but weak over the pulmonic and aortic areas.

An X-ray picture showed marked shadow on each side of the sternum, and a thinner, more diffuse, shadow over the whole of the upper half of the left lung.

Obviously this was cancer of the mediastinal glands spreading to the front of the left lung, secondary to old cancer of the right breast, and the recurrent laryngeal nerve was implicated in the growth. It was interesting that there had been no symptoms for over eighteen months after the removal of the breast, and that there had been no cutaneous recurrence.

Case III., Mrs. B., age 64, had always been strong and healthy. One of her sisters died a year ago of cancer of the breast recurrent after three operations. Mrs. B. nursed her in her last illness.

Six months before being seen she had pain directly after her meals, and two months ago she first noticed difficulty in swallowing solids, and soon after that her voice became weak. She was a well nourished woman, but thought she had been losing weight lately.

Her left vocal cord was found to be paralysed. The cardio-vascular and respiratory systems were normal, there was nothing suggestive of aneurysm. X-ray examination shewed nothing abnormal. On trying to pass œsophageal bougies they were arrested 11 inches from the teeth, and only the smallest size could be passed into the stomach. She said she was able to swallow better after the passage of the bougie. Her temperature varied between 99° and 100°, for which there was no evident explanation. Gastrostomy was advised, but she refused and left the hospital.

Three weeks afterwards she was brought up again, looking very ill, with a large brawny fluctuating swelling just above the left clavicle. She said that two days after she left the hospital there had been pain at the root of the neck, and then this swelling began to form. Swallowing of any solids had soon become impossible, and now she could only swallow liquids even very slowly. Air entry in the upper lobe of the left lung was diminished, and there was slight dulness over the upper part of the left back. The abscess was opened, letting out foul smelling pus; its track was found to pass backwards and downwards close to the trachea. The difficulty in swallowing being so great that she was losing weight fast, and nutrient enemata being badly retained, a fortnight later, when the discharge from the abscess was only slight, gastrostomy was performed, but she only survived this for a few days.

At the necropsy advanced epithelioma of the œsophagus was found, commencing where the œsophagus is crossed by the left bronchus and spreading downwards as a soft fungating growth. There was a perforation into the trachæa just above the bifurcation, and the recurrent laryngeal nerve was involved in the upper part of the growth. Secondary deposits were found in the liver and omentum.

In this case the question also arises, had the cancer any connection with the fact that the patient had for some time been nursing her sister with cancer of the breast?

Books Received for Review.

ESSENTIALS OF SURFACE ANATOMY. By Chas. R. Whittaker, L.R.C.S., L.R.C.P. London: J. & A. Churchill. Pp. 40. 2s. 6d. net.

ON PROFESSIONAL EDUCATION. By T. Clifford Allbutt, M.A., M.D., F.R.S., &c. London: Macmillan & Co. Pp. 80. 2s. net.

St. Mary's Hospital Football Clubs.

RUGBY.

SECOND ROUND OF THE RUGBY CUP—ST. MARY'S *v.* ST. THOMAS'S.

Of late years Mary's has relied on a great combination at half, backed up by a keen hard-working scrum to keep down the score. This season things are quite different. The forwards are not so effective, but the backs have learnt the way to the line. Last year we heeled for our opponents to score; at present, if we get the ball out, as likely as not a try results. Will the forwards get possession against a scrum averaging 13 stone? Everyone wanted to know the answer going down to Richmond on Thursday, Jan. 25th. No one doubted, if the ball came out to Louwrens and Littlejohn, Mary's would pass into the semi-final. Thomas' seemed to be the favourite with a large crowd.

In the first half our backs were all over the Thomas' halves and three-quarters every time we got the ball. Littlejohn frequently broke through, and we were distinctly unlucky to only cross the line twice. Both tries were scored by Batchelor after very pretty passing. The last was quite clever. Taylor made a lovely opening and drew the wing before passing to Batchelor.

The Thomas' forwards made desperate efforts to save the game in the second half. Dribbling the man and the ball, they came through time after time. Our backs never hesitated to drop on the ball (very poor fun against the foot-work of resolute forwards), and we should certainly have won outright but for an error in tactics which nearly proved fatal. Half-way through the second half Wilson was pulled out of the scrum to assist the defence. Thomas packed 2 3 2; our formation could not be numbered from a back view; it was weird and wicked. The scrum went all to pieces, and the Thomas' forwards made rush after rush with the ball at their feet.

Ten minutes from time Bingham picked up in a loose rush and dived for the line. Nothing but a brick wall could have stopped that dive, and our lead was reduced to three points. In the last minute Thomas equalised, and Bingham missed an easy chance of pulling the game out of the fire by kicking wide.

The honours of the game certainly belong to our backs. Littlejohn and Louwrens did great things in the first half, but the prettiest play was on the right wing, where the Batchelor-Taylor combination looked like scoring every time the ball went along the three-quarters. Juler saved repeatedly in fine style in the very uncomfortable quarter of an hour which we spent on our line in the second half. Burdett kicked and saved in great form. Anyone who has played forward in a Cup Tie against a scrum of the most lusty and vigorous type will hesitate to blame our forwards for going to pieces towards the end of the game. Every Rugger man has a part of lessened resistance, and when this part has been percussed out to the last inch by the boots of keen forwards he begins to forget science and try and get his own back. Mr. Williams refereed admirably.

THE RE-PLAY.

The omens seemed favourable on February 5th. Mary's were represented in force; Freeman had travelled specially from Switzerland to strengthen the pack; a dry ground favoured an open game; while, when we got going, our supporters used their lungs in a most encouraging way. The touch line seemed all Mary's. The team responded to these influences immediately. The forwards heeled repeatedly, and the backs passed and repassed in a manner vastly encouraging to their supporters on the touch line and the forwards in the scrum. Louwrens and Littlejohn were very carefully marked, and neither got away often. The play of the three-quarters seems to have been a revelation in some quarters. Taylor fed Batchelor and passed with great judgment. Probably, if the least conspicuous, he played a very large part in holding the line together. Batchelor and Anderson made for the line, whenever the ball came along, at a tremendous pace. Both have any amount of dash and speed. Juler was excellent, and is not afraid to go on his own when the wing is marked. His pace is invaluable in a very fast line. We did not see a pass go astray throughout the game. Burdett kicked beautifully, and saved the forwards repeatedly. The packing was beyond reproach, and the heeling in the second half quite smart. Contrary to expectation, we more than held our own in the scrum and in the open. Freeman was in great form, working with terrific energy in the pack and slinging men about in the loose in a most inspiriting way. Finlaison, another great worker, was about the best forward on the field. Always invaluable in the scrum, he did a lot of good work in the open. Lees used his feet well. The lighter forwards were not very prominent. Hawkins got a lot of knocking about in both games. His habit of downing a man hard when he gets anywhere near him might be imitated by some of the forwards. Galpin, though extremely seedy, turned out, and, under the influence of strychnine tabloids, kept going throughout. One is grateful for this kind of keenness. His loss to the scrum would be simply fatal. It was a great game, and a great day for the Rugger Club and Mary's. No one on the touch line seemed more pleased than Dr. Sidney Phillips and Dr. Broadbent.

SECOND XV. CUP—ST. MARY'S *v.* ST. BART.'S.

Bart.'s won this round rather easily. They combined quite well behind a scrum, which heeled repeatedly. The failure to get possession in the scrum prevented Willis and Neagle getting many opportunities. But there was a lot of useful work noticeable, much more than the score would suggest. The forwards worked hard and tackled keenly. Their main fault was that they seldom heeled. Meers, Straton, Reade and Bryan were perhaps the pick. Neagle worked the scrum in a thoroughly artistic fashion. It certainly was no fault of his that the Bart.'s halves got the ball so often. Quirk and

Maurice got through a tremendous amount of defence. Quirk especially was all over the place saving and tackling in great form. The more one sees of Willis the more convinced we are that he was intended for a Rugger wing three-quarter and not for the more sober joys of Soccer. His pace, dash, and weight would soon make him a name in a game in which they are at a premium. We hope the Second XV. will not take the 2 goals 8 tries too much to heart. We noticed much hearty tackling, and when one has learnt to haul a man down in the minimum time—well, the rest of Rugger follows naturally.

RUGGER NOTES.

We should like to take this opportunity of pointing out how much we are indebted to the keenness and energy of the Second XV., and especially to Meers. They have given us Burdett, Hopkins and Barker, and have always been able and willing to provide capable substitutes when men scratched. This was particularly noticeable in the match at Chatham with the Royal Engineers. Indirectly, too, they have greatly increased the interest School men take in the Rugger Club, a fact very noticeable just now with the Guy's match the rage.

We note this year a welcome change in the Press reports of Cup Ties. "Play of the usual Cup Tie order" has been given a well-earned rest, and at times we believe some of the reporters have actually seen the games described.

After years of neglect, the Press has run the Cup Ties this year with a vengeance. "Jones" reading his last edition finds himself bracketed with Gwyn Nicholls and Wallace. "Smith" discovers his exclusion from the English XV. is being used to drive home an attack on his Selection Committee.

To-day that Committee rely on the West, to-morrow on the West End.

There has been a boom in Rugger. Cuttings from the evening papers drop from "Cunninghams." What greater fame than two paragraphs in the "Express"? The front row gentleman who formerly filled miles of manuscript with a fountain pen now meekly seeks a prognosis for Monday next.

Guy's have a fine pack. Saunders, Mullins, Williams and Pinching play for Kent. Archer assisted the Somerset forwards to make a great fight with New Zealand. Alcock is in the Surrey scrum. Everything depends on holding them forward. On paper it doesn't look likely, but a County Cap is not everything.

Behind the scrum Guy's is also very good. J. P. Jones is their most dangerous outside. Louwrens should bottle him up. Alcock and Anderson should be a fine tussle. Batchelor will mark another Colonial Stringer. Digby and Llewellen (a brother of the Welsh International) should not get much change out of Taylor and Juler. Llewellyn is, however, quite clever. Lee, the Cambridge full back, is a very fine kick and tackler. Provided we get a fair share of the ball forward and a dry ground, it should be a great fight between the backs.

The games with Thomas' have made one thing quite certain. We shall be well supported. One hears of a great trade in flowers of the Club colours, pemy trumpets and Vanguards!

"On Monday the St. Mary's Hospital three-quarters several times gave exhibitions of passing than which a Welsh International team has seldom done better. I was looking on in company with Mr. Phillips, a well-known old Newport captain, and he was most decided in his expressions of admiration for the cleverness of the St. Mary's threes. As they stand the St. Mary's half-backs—J. J. Louwrens and A. P. Littlejohn—are better than any pair I have seen playing for Blackheath or Richmond this season."—(E. H. D. Sewell in "Evening Standard," Feb. 8.)

We have to thank Mr. Edmund Owen for his message of congratulation on the Thomas' match.

St. Mary's Hospital Students' Club.

The Annual General Meeting of the Club was held on February 12th, the President, Mr. Ernest Lane, occupying the chair. It was the best attended meeting that we remember, over a hundred members being present. Mr. Lane was re-elected President by acclamation, and the Committee balloted for with a keenness that recalled the recent General Election. After counting the votes, the President declared Messrs. A. G. Wells, J. J. Louwrens, W. R. Taylor, C. M Wilson, and E. W. Archer, to be elected. Mr. Wells, who headed the poll, was re-elected Honorary Secretary. Mr. Cawardin brought forward a proposal to instal the telephone in the Club, the expenses to be defrayed by subscription, and Mr. Ash supported the proposal in an eloquent harangue. The matter was referred to the Amalgamated Clubs Committee. A lively scene followed on the proposal by Mr Rous to replace the *Daily Mail* by *The Tribune* in the Club Reading-room; this was rejected, but later an appeal for "fair play for the Liberals" from Messrs. Oates and Squire, induced the meeting to consent to the replacement of *The Strand* and *Pearson's* Magazines by *The Tribune* and *Daily News*. After some domestic reforms had been discussed, Mr. Wells in moving a vote of thanks to the President, commented, *inter alia*, on the disgraceful mutilation to which the Club newspapers are constantly subjected, and appealed to the members to mend their behaviour in this respect. Applause for the President terminated the liveliest meeting that the Club has yet seen.

Reviews of Books.

"CLINICAL OBSTETRICS." By Robert Jardine, M.D.Edin., Professor of Midwifery in St. Mary's College, Glasgow. Senior Physican to the Glasgow Maternity Hospital. Second Edition. Pp. 609. 96 illustrations. Rebman Ltd., London. 1905.

As three years only have passed since the first edition of this work appeared, we must take it for granted that it has been well received, and proved to be of value to the practitioners of medicine. To the student of medicine a text book containing generally accepted opinions is an absolute necessity, but to the busy practitioner the accepted text book does not appeal in the same manner. The practitioner cannot always see his own difficult cases reflected in its pages, written as it must be from the more purely academic point of view. The author embodies in this work much of his valuable experience gained from the Glasgow Maternity Hospital, and has described shortly in the text cases illustrative of different midwifery as they occurred to him. With many statements and opinions expressed in the work we cannot agree, for instance that "Uterine involution is essentially a process of fatty degeneration and absorption," the latter perhaps may be true, but there is no microscopical evidence that fatty degeneration occurs. Again it is very open to question whether open drains are really a cause of puerperal sepsis, and yet a case is cited in which this is definitely stated to be the case, and no evidence is brought forward to prove that the cause was not the usual one. In the chapter on puerperal sepsis too, the author states that acute perimetritis may be caused by infection through the tubes; when this does occur it is a very late condition following some weeks after delivery, the usual cause of perimetritis being infection through the Lymphatics. These must serve as instances of some of the debatable points to be found in the book, but they do not detract from its great value at a clinical work. Taken as a whole we cannot but consider that this work is a valuable addition to obstetric literature.

Appointments.

BRIDGER, J. F. E., M.B.Lond., L.R.C.P., M.R.C.S., D.P.H., Medical Officer of Health, Bridgetown, Barbados.

FINN, A. R., L.R.C.P., M.R.C.S., House Surgeon to Mr. Ernest Lane.

HOLLIS, H. S., L.R.C.P., M.R.C.S., Junior Obstetric Officer to the Hospital.

KEELING, H. S., M.B., B.C.Camb., L.R.C.P., M.R.C.S., Clinical Assistant to the Chelsea Hospital for Women.

LEAPINGWELL, A. E., L.R.C.P., M.R.C.S., Assistant House Surgeon to the Royal Infirmary, Derby.

Pass Lists.

UNIVERSITY OF CAMBRIDGE.

DEGREE OF M.C.

A. Garrick Wilson, M.B., B.C.Camb., F.R.C.S.Eng.

DEGREE OF M.B.

W. R. Honeyburne, B.C.

DEGREE OF B.C.

C. Lillingston, B.A.

THIRD M.B. EXAMINATION.—PART I.

Pharmacology and General Pathology.—G. H. Dunn, B.A., A. Hamilton, B.A., C. E. Redman, B.A., H. H. Taylor, B.A.

PART II.

Surgery, Midwifery, and Medicine.—E. D. Anderson, B.A., G. H. U. Corbett, B.A., A. H. Falkner, B.A., C. L. Isaac, B.A., C. Lillingstone, B.A., W. Parry Morgan, M.A.

UNIVERSITY OF LONDON.

INTERMEDIATE M.B. EXAM.

Anatomy, Physiology, and Pharmacology.—J. H. Clarke, O. B. Parry.

CONJOINT BOARD EXAMINATION.

1ST EXAMINATION (Jan. 1906).

Elementary Biology.—A. F. C. Martyn, H. G. Steel, F. St. B. Wickham.

Practical Pharmacy.—Alan G. Wells.

2ND EXAMINATION.

Anatomy and Physiology.—F. A. French, E. C. Holtom, F. W. Quirk.

FINAL EXAMINATION.

Midwifery.—C. W. De Morgan, H. J. Duskè, R. G. Newton, H. S. Ollerhead, J. Pugh, F. H. Stephens.

Surgery.—E. Beaton, E. T. H. Davies, W. A. E. Dobbin, H. E. Kitchen, B.A., G. S. Thompson.

Medicine.—A. G. Cole, W. A. E. Dobbin, H. E. Kitchen, B.A., G. S. Thompson, G. E. Wood.

L.R.C.P., M.R.C.S.—H. E. Kitchen, B.A., W. A. E. Dobbin.

ROYAL COLLEGE OF SURGEONS.

DIPLOMA OF PUBLIC HEALTH EXAMINATION.

Herbert Chesson, L.R.C.P., M.R.C.S.

ROYAL COLLEGE OF PHYSICIANS.

At a Comitia held on January the 25th, the President announced that the Council had appointed Captain Leonard Rogers, I.M.S., M.D., B.S.Lond., F.R.C.S., M.R.C.P., as Milroy Lecturer for 1907, and that he had selected as his subject, "Kalar-Azar, its Differentiation and Etiology."

The Services.

ROYAL ARMY MEDICAL SERVICE.

ENTRANCE EXAMINATION.

A. H. Bond, L.R.C.P., M.R.C.S.	30th
C. T. Edmunds, L.R.C.P., M.R.C.S. ...	17th
V. G. Johnson, L.R.C.P., M.R.C.S. ...	15th

"40 vacancies—74 competed."

CHANGE OF STATION.

Lieut.-Col. T. E. Noding, L.R.C.P., M.R.C.S., to Military Hospital, Maritzburg, Natal.

Capt. G. Grech, L.R.C.P., M.R.C.S., from Meerut to Chakrata.

Capt. G. B. Riddick, L.R.C.P., M.R.C.S., from Eastern Command to Calcutta.

Lieut. H. G. S. Webb, L.R.C.P., M.R.C.S., from Upper Topa to Peshawur.

Lieut. O. Ievers, M.B.Lond., L.R.C.P., M.R.C.S., from St. Helena to S. Africa.

Lieut. E. J. H. Luxmore, L.R.C.P., M.R.C.S., from Eastern Command to Meerut.
Lieut. E. G. R. Lithgow, L.R.C.P., M.R.C.S., from Aldershot to S. Africa.

INDIAN MEDICAL SERVICE.

Lieut. A. F. Hayden, M.B., B.S.Lond., L.R.C.P., M.R.C.S., has taken the Montefiore Bronze Medal and Prize in Military Surgery, and also the Martin Gold Medal in Military Medicine.

ROYAL NAVY MEDICAL SERVICE.

Staff-Surgeon R. T. Gilmour, L.R.C.P., M.R.C.S., L.S.A., has been appointed to H.M.S. "Talbot," temporary, Jan. 22nd.
Surgeon F. F. Lobb, L.R.C.P., M.R.C.S., has been appointed to H.M.S. "Albemarle."
Surgeon R. S. Osborne, L.R.C.P., M.R.C.S., has been appointed to H.M.S. "President" for three months' course of Hospital Study.

Resident Patients Wanted.

Modern detached house, southern aspect, plenty of light and air, every comfort; verandah (south and east), conservatory, lawn and garden situated on land and gravel soil. About 7 minutes' walk from Cliff Electric Trams at convenient distance, also golf links. Photo of house can be sent.

W. H. CUNDELL, M.R.C.S., L.S.A.,
The Haven, Castlemain Road,
W. Southbourne,
Near Bournemouth.

Change of Address.

ARMSTRONG, L. H., M.R.C.S., L.S.A., Clova, Ripon, Yorks.
BARTLETT, W., M.R.C.S., L.D.S., Havelock, New Zealand.
BARTLETT, E. L., L.R.C.P., M.R.C.S., General Dispensary, Silver Street, Lincoln.
BENNETT, A. G., L.R.C.P., M.R.C.S., 10, Mulgrave Terrace, Kingstown, Ireland.
BUCKNIL, C. E. R., L.S.A., 21, London Road, Twickenham.
BURPITT, H. R., L.R.C.P., M.R.C.S., 87, Horninglow Street, Burton-on-Trent.
BIRD, G. G., M.R.C.S., L.S.A., 14, Warwick Avenue, Paddington, W.
BUTLER, T. LANGTON, L.R.C.P., M.R.C.S., Porthleven, near Helston, Cornwall.
COLE, A. F., L.R.C.P., M.R.C.S., C.M. Hospital, Ningpo, China.
COOK, HENRY, M.D.St.And., F.R.C.P.Lond., M.R.C.S., J.P., Grove House, Lee-on-the-Solent, Hants. (Retired.)
COUZENS, A. E., L.R.C.P., M.R.C.S., Hadlam House, Cavendish Place, Eastbourne.
CUNDELL, W. H., M.R.C.S., L.S.A., "The Haven," Castlemain Road, W. Southbourne, Bournemouth.
DAY, W. F. L., M.B., B.C.Camb., L.R.C.P., M.R.C.S., Harlow, Essex.
DONALDSON, S., L.R.C.P., M.R.C.S., Van Ryn G.M. Estate, Benoni, Transvaal, S. Africa.
ELLIOTT, J. W., L.R.C.P., M.R.C.S., 1, Askew Road, Shepherd's Bush.
FALKNER, A. H., L.S.A., Inglehurst, Hertford Heath, Herts.
FERNANDEZ, E. J., L.R.C.P., L.R.C.S.Edin., La Mesa, Cananea, Sonora, Mexico.
FREEAR, A., L.R.C.P., M.R.C.S., Magpie Hall Road, Chatham.
FREER, E. L., M.R.C.S., Krugersdorp, Transvaal, S. Africa.
GRIEVES, J. P., L.R.C.P., M.R.C.S., "Fairlawn," Portishead, Somerset.
HARRIS, F. DREW, M.B.Lond., L.R.C.P., M.R.C.S., D.P.H., "Fairfield," Southchurch Avenue, Southend-on-Sea.
HAY-COGHLAN, W. K. S., L.S.A., "Melrose," Station Road, Poole.
HEYWOOD, T., M.D. Chile, L.R.C.P., M.R.C.S., Vina del Mar, Chile.
HOWARD, R. N., M.R.C.S., L.S.A., L.R.C.P.Edin., Ookiep, Namaqualand, Cape Colony.
HUNT, J. W., M.B.Lond., L.R.C.P., M.R.C.S., Durban, Natal, S. Africa.
HUSSEY, B. F., L.R.C.P., M.R.C.S., Menzies, West Australia.
HART-JACKSON, H., L.R.C.P., M.R.C.S., 8, Romsey Road, Eastleigh, Hants.
JOSCELYNE, E. W., M.B.Durh., L.S.A., 37, Corbett Road, Cardiff (Teleph. 04586 Cardiff).
KITCHIN, P., L.R.C.P., M.R.C.S., L.S.A., Claremont Avenue, Woking.
LEWIS, F. W., M.B.Lond., 1, John Campbell Road, Stoke Newington, N.
LEWTY, R., L.S.A., 53, Hartshill, Stoke-on-Trent.
LIDDERDALE, J., M.R.C.S., L.S.A., J.P., "Cleveland," Prestbury, Cheltenham (Teleph. 274 Cheltenham).
LLOYD, F. S., M.D.Lond., L.R.C.P., M.R.C.S., 37, Rothesay Road, Luton, Beds. (Teleph. 127 Luton).
LYDDON, C., L.R.C.P.Edin., M.R.C.S., L.S.A., 15, Brunswick Place, Leeds.
LYLE, C. C. V., L.R.C.P., M.R.C.S., Amerspoort, Transvaal, S. Africa.
MACINTOSH, A. M., L.R.C.P., M.R.C.S., Government Asylum, Pietermaritzburg, Natal, S. Africa.
MAJOR, H. M., L.R.C.P., M.R.C.S., Armadale, St. Heliers, Jersey.
MATHEWS, C., L.R.C.P., M.R.C.S., Church House, Clare, Suffolk.
MATTHEWS, J. C., B.C.Camb., Needham Market, Suffolk.
PAGE, W. S., M.B.Lond., L.R.C.P., M.R.C.S., Midhurst, Sussex.
PRICE, E. H., L.S.A., 144, Priory Street, Carmarthen.
ROBERTS, EVAN, L.S.A., 8, Longbridge Road, Barking, Essex.
SHAW, W. V., M.D.Oxon, 42 and 39, Yorkersgate, Malton, Yorks.
SHOOSMITH, L. S., L.S.A., Syston, Leicester.
STEWART, K. T., M.D.Edin., 2, Hill Street, Knightsbridge, S.W.
STOCKWELL, G. E. ST. CLAIR, M.B., B.C.Camb., 5, Grange Avenue, Leeds (Teleph. 0205 Chapeltown).
TUXFORD, A. W., M.B.Durh., L.R.C.P., M.R.C.S., 2, St. Mary's Road, Faversham, Kent.
WADE, R. R., M.D., B.Ch.Oxon, 6, Sommerville Gardens, Tunbridge Wells.
WILLIAMS, S. B., L.S.A., 135, Green Lane, Derby.

[We regret that lack of space compels us to hold over several telephone numbers until our next issue.—ED.]

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XII.—No. 3. **MARCH, 1906.** **Price 6d.**

Notes.

At the Annual General Meeting of the Students' Cot Association, which we report elsewhere, a most encouraging statement was presented and one which reflects the utmost credit on the energy of the Treasurer, Secretaries and Associates. The resolution to start the Cot immediately on credit, and aim at paying it off in four annual instalments of £125, strikes us as excellent, and the fact that a balance of £36 is carried forward to next year augurs well for its fulfilment. We would again urge on all students to become helpers in this movement. Mr. G. B. Wills has spent much time and thought in producing a very handsome design for a brass plate to be affixed to the Cot, which was adopted at the recent meeting, and we trust will meet with the approval of the authorities.

We gratefully take the opportunity of publishing an article which is a little off the beaten track of "medical papers." Colonel Hendley, its author, besides having a distinguished record in the Indian Medical Service, is a great authority on all matters relating to Native Arts and Crafts, on which he has published several volumes and papers. We should be interested to receive an account of native methods from readers in other parts of the Empire.

We deeply regret to announce the death of Harold Hand, which occurred on March 1st, at the West Norfolk and Lynn Hospital, where he had for the past year been House-Surgeon. His death adds another to the long list of tragedies of the post-mortem room, for it was whilst performing his duty in that department that he contracted a septicæmia which proved rapidly fatal. He had earned the respect and affection of all who knew him at King's Lynn, and his funeral was followed by some hundreds of mourners of all classes in that town. One who was present at his end writes that he faced death with the same gay courage he showed in his life, and that all in his hospital feel they have sustained a personal loss. We shall only voice the wish of the many readers of this note who remember his unfailing kind nature and ready smile, in expressing the deepest sympathy with his relations on their sad and sudden bereavement.

We are very pleased to see that Dr. A. E. Wright has been nominated to a Fellowship of the Royal Society; no one who knows anything of his work will deny his pre-eminent title to this honourable distinction, and it would indeed have been extraordinary had his claim been long overlooked.

It was with some surprise though, we confess, that we heard his full title will in future be F.R.S., F.R.C.S., for during a recent brief holiday "The Prof." attained the honorary distinction of a Fellowship of a Royal College of Surgeons. It was in Dublin that the deed was done, and the Lamb of the Syringe lay down in one fold with the Lions of the Knife. But in sooth *tempora mutantur*, for only the other day was a distinguished opsonist—we might say, the Teatological Right Hand—heard by two witnesses to declare that he sighed for a House appointment, at least, so rumour has it.

It is rumoured, on good authority, we believe, that a serious attempt is shortly to be made to provide a telephone on the two-penny message system, for members of the medical school. The scheme may include a complete revision of the existing cloak-room arrangements and we hope that it may soon become an accomplished fact, as it will undoubtedly prove a very great convenience to many students.

Several complaints have reached us recently from subscribers in India regarding the non-delivery of some numbers of our GAZETTE. We are very sorry these should have failed to reach their destination, but can assure them that they are regularly despatched. We have written to the agents of the officers concerned, who have replied that newspapers are always forwarded by them as soon as received, and we trust there may be no repetition of this irregularity.

We hear that H. J. Gibbs, of the Colonial Office, has recently been appointed to the Tan Toch Sing's Hospital in Singapore as Resident Surgeon, with three Assistant Surgeons under him and 650 beds. We congratulate him on this excellent appointment, and wish equal success in the Service to Charles Singer, who is just going out to take charge of the General Hospital at Penang.

Mr. W. H. White, B.A.Cantab., B.Sc.Lond., who was formerly Assistant Lecturer at the East London Institute, has been appointed Lecturer on Physics in the Medical School. We welcome this gentleman all the more heartily as his advent is an assurance that our teaching of preliminary studies are not to be swept away under the advancing tide of centralisation.

We are asked by the Secretary of the 15th International Congress of Medicine to state that this Congress will meet at Lisbon, from April 19th to the 26th. Application for lodgings which can be obtained at a very reasonable price, must be made to Mr. Manoel José de Silvah, Palacio Fos, Praça dos Restaurodores, Lisbon, before March 31st. The French, Spanish, and Portuguese Railways employed on the journeys will give a 50% reduction in the price of their tickets and will arrange to bring members back by a different route from the outward journey. We believe that on previous occasions doctors and their friends attending these Congresses have been well looked after.

We offer our condolences to Mr. A. R. Finn, he is pursued with bad luck when in the House, for after spending two months of his H-P.-ship away with Scarlet Fever, he has also had to leave his H-S. duties and go home with a poisoned hand, but will shortly be back at work again. Mr. R. H. Miller has been smitten with Varicella (it sounds more dignified than chicken-pox!). We wish him as little tedious a quarantine as may be.

The Royal College of Physicians have sent their list of Fellows, Members, and Licentiates. There are on the rolls 329 Fellows, 458 Members, and 10,327 Licentiates. It is terrible to contemplate! One begins to think that there is compensation in everything, even a diminishing entry-list of medical students.

The Hospital has sustained a very great loss in the resignation of Sister Theatre, Miss Ruth Ethel Dear, who has held the appointment for two years. The theatre is now in charge of Miss Mary Elizabeth Swaine, formerly Staff Nurse in the Theatre, and recently Acting Sister in the Lilian Holland Ward. The vacancy in Lilian Holland Ward has been filled by Miss Harriet Louise Waldron, who was for some time Staff Nurse in the Manvers and Beverly Wards.

We are asked by the Matron to say she would be very glad if friends would kindly remember the need of warm clothing for patients leaving the Hospital, and send what

left-off garments they can spare. This need is continual and the clothing cupboard is getting very empty. The Matron would also be most grateful for gifts of cast linen.

Can anybody send us a passable joke or story? It would be such a relief. So many reproaches have been levelled at our devoted head on the recent apalling dulness of these columns and the threadbare poverty of our attempts to enliven them, and yet no critic attempts to supply the lack of that element of creative humour which is lacking in the editorial make-up. The smallest contribution will be carefully considered; surely some reader's daily round is occasionally brightened with a "humorous incident."

St. Mary's Hospital Medical Society.

At the meeting on December 6th, the President, Dr. Wilfred Harris, in the chair, cases were shown of organic athetosis cretinism in a woman of 25, and of doubtful myxœdema in a woman of 24.

Microscopical specimens were exhibited by Mr. B. H. Spilsbury.

Dr. Ridewood then delivered an address on "Some Modern Aspects of Heredity."

He expounded the hypothesis of Mendel very lucidly and at some length, illustrating the theory by abundant interesting allusions to both the animal and vegetable world. A lively discussion followed. The meeting was splendidly attended.

An ordinary General Meeting was held on January 17th, with the President, Dr. Harris in the chair, at which 26 members were present and one guest. The minutes of the previous meeting were read and confirmed. Three cases were shewn—a case of granuloma annulare of finger and knees, a case of traumatic neurasthenia and a case of spasmus nutans.

Dr. Gow read the paper of the evening, "The Induction of Premature Labour," a report of which has already appeared in our pages. A short discussion followed, to which Dr. Gow replied.

Microscopical specimens, illustrating granuloma annulare were shewn by Dr. Graham Little.

At the meeting on January 31st, the President, Dr. Harris in the chair, and 38 members were present. The President shewed a case of monoplegia and Mr. Singer cases of myelitis and rheumatism exhibiting nodules. Mr. Clayton-Greene read a paper, "Some New Growths considered from their Pathological and Surgical Aspects." He expressed the opinion that every simple tumour was potentially malignant and should be regarded in this light. "Cancerous change" he remarked, "is a further stage of a simple tumour and is infectious or nearly so." As illustrating his point he mentioned suprarenal nests in the kidney. Mr. Clayton-Greene alarmed his hearers by telling them that in addition to all of them being the possessors of old foci of tubercle in the lungs they were probably also the victims of an attenuated form of carcinoma which they already had or were combating. He concluded by briefly referring to Professor Farmer's theory of the conjugation of leucocytes with epithelial cells preparatory to the malignant growth of the latter.

The paper was heartily applauded and a long discussion followed.

Mr. Maynard Smith shewed microscopical specimens illustrating the paper.

At the meeting on February 14th, with the President, Dr. Harris in the chair, 31 members were present and one guest. Three cases were shewn—a case of congenital deformity of the pinna, a case of calculus in Wharton's duct, and one of combined lateral and posterior sclerosis.

Dr. Dawe read the paper, "Some Clinical Points from a Workhouse Infirmary." He pointed out the existence of abundance of clinical material which might be used for teaching purposes in the Metropolitan Infirmaries. He then spoke about some common diseases and brought forward several interesting points which were emphasised by his personal statistics: amongst others the simulation of chronic bronchitis and emphysema by tuberculosis, the efficacy of large doses of colchicum in cutting short an attack of gout and the influence of occupation upon the hallucination met with in cases of Delirium Tremens.

Many gentlemen took part in the succeeding lengthy discussion.

Specimens, macro- and microscopical were shewn by Mr. Carmalt-Jones, illustrating lesions of the spinal cord and medulla.

The Sancta Maria Lodge.

At the November meeting. Dr. Mitchell Bird was installed as Master of the Lodge, and entered into what portends to be a prosperous year of office. At the January meeting, there was a considerable accession to the numbers of the Lodge, in the persons of Messrs. Fantham, Drapes, Peachell, Langmead, Finn and Bertram Watson, and there are three candidates for the next meeting, viz., Drs. F. C. Lewis, Brincker and W. H. Willcox. The sum of £105 was recently voted by the Lodge towards the funds of the Hospital, a gift which met with a hearty vote of thanks from the Board of Management. Not the least attractive feature of the Lodge meetings at present is the post-prandial musical entertainment, which are always marked by a judicious blending of good music and comical talent,

Indian Medicine.

By Colonel T. H. HENDLEY, C.I.E.,
Indian Medical Service (retired).

To all who propose to practise the medical profession in foreign lands, it is as prudent, as it is necessary, to learn something of the indigenous systems of medicine of the particular country in which they intend to reside. This should be especially the case in India, where so many young Englishmen are employed in the public medical services, or as medical officers of such places as tea-gardens, or as private practitioners.

In my Medical Gazetteers of Jeypore and the Province of Rajputana, which were published respectively in 1895 and 1900, I gave some account of the Native Systems of Medicine as practised in Rajputana; and since these apply, with some differences of detail and only a few additions, to the greater part of India, a short abstract of them is given here in the hope that it may be useful.

1. There is what may be termed the Orthodox Hindu or the Vaidic system, which is practised by Vaids (colloquially Baids), few of whom are learned. A large number of young men still study this system in the Sanskrit Colleges of Jeypore and other places. The syllabus of study is an elaborate one, and there are three examinations for the different degrees of Upādhya (proficiency), Sāstri (honours), and Achārya (doctor). For the first examination books are read on Hindu Medicine, Diagnosis, the Pulse, Materia Medica, and elementary Chemistry. For the second more recondite works on Medicine, on Anatomy as it was known to the ancients, and on more advanced Chemistry. For the third degree, besides those books already mentioned, the students read a work by Vaghbatta, entitled the Ashtangridhya, which is a collection of texts on the Astronomy, Surgery, Chemistry, Materia Medica, Physiology, and Midwifery of the ancient Hindus.

Very few Baids, however, read so much as the above course requires, but are content with a superficial acquaintance with a few Sanskrit, or even vernacular texts, to be used as charms or to impress the ignorant patient, and with a more extensive knowledge of indigenous drugs, in the empirical use of which, it is just to add, they have attained a considerable amount of proficiency.

To this old-world lore, which to Europeans appears to be of so little use, the professors, either from a sense of inferiority or from feelings of self-preservation, were anxious to add some instruction in the more elementary works on modern anatomy, physiology, &c. Much time and talk are spent in curious speculations, and in examinations of the pulse, and in inspection of the excretions, especially of the urine.

2. Brahmanical and Jain priests everywhere do an enormous amount of drugging. They chiefly depend upon the Amrit Sāgar, or the Ocean of Immortality, and other popular versions of Susruta, Charaka and similar well-known Sanskrit authors. Thirty years ago I published in the "Indian Medical Gazette" a series of translations from the Amrit Sāgar which gave some idea of the popular medical practice in North India. The Humoural system of Medicine was the foundation of the work, and numerous examples of prescriptions were given, most of which, like the famous Venice Treacle, were composed of many strange ingredients, some of which neutralised each other. Some of these recipes are household specifics in Upper India.

3. Hakīms, or Mohamedan physicians, are in much repute amongst their co-religionists. They practise the Yunāni or Greek, more correctly the Arabian or Humoural, system of medicine. In most places they are extremely ignorant. Not long ago the chief qualification of one of them, who had succeeded his father, a man of widespread fame in an Indian capital, was the fact that he carried his father's cane and was his eldest son.

4. Surgery is left to Jarahs, or barber-surgeons, a very poor and ignorant set of men, who bleed, extract teeth, bandage limbs in cases of fracture, and apply the Actual Cautery, which, in some Eastern countries, is the almost universal mode of treating such affections as enlarged spleen and rheumatic pains, particularly in children. These men have, as a class, no knowledge of anatomy or surgery.

5. Satiyas, or Couchers, practise reclination of the lens for cataract after the manner described in Paulus Ægineta; and in these days they even attempt to operate according to the modern methods, though they have little knowledge of the structure of the eye.

6. *Bairāgis and Sanyāsis*, or Hindu, and *Fakirs*, or Musalman devotees, wise women and wizards, who use charms and incantations, also prey upon the people, while inoculators roam over the country spreading smallpox.

7. Pansāris, or druggists, at whose shops the Baids usually sit and practise, also do a little drugging on their own account. They are very careless in the way in which they keep their poisons, so that accidents often happen. In British India there has, however, been some legislation to prevent this.

In all the Hindu modes of treating disease, religion and the priest come first. The sick man is under the firm impression that many diseases are due to evil which has been done in a previous birth, either by himself, his parents, or some remote ancestor; the intervention of the priest is therefore necessary in the first place in order that, by the recitation of texts or by the use of charms, coupled with charitable offerings of the patient, he may propitiate an injured deity or spirit. It is only when it becomes clear, from want of success following such measures, that the disorder is not due to such causes as I have mentioned, that the physician is called in, or that he is expected to intervene with any probability of success. Again, acting on the adage that "In the multitude of counsellors there is wisdom," when the disorder becomes acute, or the patient is wealthy, many practitioners are called in and discuss the case, often in the presence of the sufferer himself, and, unless they can all agree or arrive at a compromise, it practically ends in the victim endeavouring to cure himself by selecting the mode of treatment which he thinks most promising.

Both Hindu and Mohamedan physicians, as did their rivals in Europe in the pre-scientific age, object to the effusion of blood, and consequently despise surgery and its exponents. It follows, therefore, that the man who requires the aid of a surgeon is likely under the indigenous systems to suffer terribly. It is to this circumstance, perhaps, that we owe the fact that the European surgeon has had more success in India than the physician, and so it will remain as long as the narrow religious beliefs which I have indicated prevail. The spread of education, and the adoption of a medical career by Indians of high caste and good social standing, are, however, undermining such prejudices, and the inherent merits and successes of the modern scientific systems of medicine and surgery are surely, though it may seem slowly, making headway against ancient beliefs and ignorance. Nevertheless, we must take into account in our daily practice amongst Orientals the power of early environment; the prevalence of superstition; the universal idea that disease is a deadly foe which must be driven out by strong measures—some of which may be of a spiritual character; and the belief everywhere felt, even amongst Europeans, that in the wonderful realm of nature most disorders have, if it can only be found, a specific remedy, which may indeed be discovered by accident, even by the unlearned. This is perhaps the principal reason why quacks flourish everywhere, and why secret remedies have such an enormous sale. In India this feeling is exploited by medicine vendors from all parts of the world with remarkable pecuniary success. The Indian charlatan is by no means behindhand in discovering and advertising such wares, and even men who have graduated in our Indian medical schools have not scrupled to add to their legitimate gains by introducing and selling such secret remedies. The only remedy is to print the composition of the prescription on the bottle in which it is sold. An Indian noble, an old friend of my own, who came from the west of Rajputana, once told me in Calcutta that he must go home without delay to his desert capital, because he was afraid to stay in a place which was so overrun by doctors. I found that he was living somewhere near the Medical College, in the neighbourhood of which—I suppose on the principle that "the nearer the lamp the greater the darkness"—dealers in patent medicines, curers of surgical affections without operation, and quacks of all kinds most abound.

Into the midst of the indigenous systems which I have described came European practitioners, at first not indeed quite emancipated from the beliefs of the middle ages, though feeling strongly for the light, and for the most part rising above the many superstitious ideas and unscientific practices which still prevailed in the West by reason of the sound common sense of the practical races to which they belonged. At this stage they made little impression in the sphere of medicine, but in surgery they were far more successful. Medicine has, however, now emerged from this position, thanks to improved pharmacy to some extent, but chiefly on account of the more exact knowledge, based on scientific investigation, that we now possess of the causation of disease and its proper treatment and management, particularly as regards diet, a point which especially appeals to Indians.

Surgery, however, in our time has made still greater strides, owing, first, to the discovery of anæsthetics, to the use of cocaine in ophthalmic practice, and last, though not least, to the introduction of the aseptic system of operating. The number of major operations, particularly for cataract and for the removal of stone in the bladder by crushing methods, has enormously increased; and with the improvement in results and in the enhanced technical skill of surgeons, both European and Native, the dread of the knife, a most serious matter amongst the unwarlike races, has greatly diminished. Thus we find that the country has been almost cleared of such old standing cases as one used to see in former days, as tumours of ten years or even longer duration.

I have referred to drugs. The native chemists, according to Dr. Irving, who wrote 70 years ago in Ajmere—and my observations are to the same effect—used to keep as many as 3,000 kinds in their shops, of which perhaps only 300 had any pretence to be useful. Even of these, most of them have been tried in our practice, and have either been rejected or replaced by more pleasant, purer, or more exact, and more potent remedies.

We have not, however, been so foolish as to believe that all wisdom is found in the West, and have therefore done much to sift the good from the bad, and to discover, if possible, new and valuable remedies in the East. This was one of the reasons for the establishment of the Calcutta Botanical Gardens, where many able men (the last of whom, Lieut.-Colonel Prain, I.M.S., has just become the Head of the Kew Gardens in London) have cultivated plants, and, in co-operation with many members of the Public Medical Services, have experimented upon the drugs derived from them with great advantage. An Indigenous Drug Committee has existed, under Government auspices, for many years, and, although little has been heard of it for some time past, I find from a recent number of the "Indian Medical Gazette," that it continues to experiment. Some time ago I suggested to the authorities that more progress could be made if the work were more divided and if a larger number of men could be interested in it.

If, for example, instead of testing five drugs. as was then the practice, in one year, fifty or more were tried, as might be done if the services of Government Medical officers throughout India were enlisted in the cause, we should soon secure substantial results. Plants must be grown and selected under certain conditions. Preparations from them must be made and standardized. Their physiological effects must be ascertained by experiment and observation, and their chemical constituents studied, all of which takes time. For these reasons it would be wise to deal with a large number of substances instead of with a few, but this cannot be done without the co-operation, at all events in India, of the Government. The want of Registration of Medical men who practise according to the European scientific systems is a great bar to progress in India, because the failures in the Medical schools, even down to unpassed dispensers and un-

qualified druggists, bring discredit upon the cause. There would appear to be no valid reason for not introducing such registration, which would, of course, not be made to apply to the indigenous practitioners.

The Indian system of Caste complicates medical practice in many ways. In it is involved ceremonial defilement, which makes even nursing difficult. Some people will not take wet medicines because they fear that they may contain alcohol or may be compounded with water which is not ceremonially pure. Others object to particular drugs or to particular foods, and whole castes refuse any kind of flesh, or even to use eggs because they contain the principle of life. This subject is, however, so large that it is quite impossible to do more than refer here to the obstacles which it presents to the physician, especially before he is acquainted with the many prejudices which are prevalent. Another great source of difficulty in practising amongst Indians of rank and wealth is the custom of the Purdah, which prevents men from seeing women of those classes. Part of the evil is no doubt met by the employment of medical women, but, for reasons which are too lengthy for discussion here, it must be long before the relief thus afforded is sufficient. The young physician may, however, feel assured that, even under what seem most unpropitious circumstances at first, he can afford most valuable assistance, and that, the more he studies native habits and prejudices in a sympathetic manner, the more likely he will be to find opportunities of giving such aid. The noble work which has been done by the Medical Officers of the Government Services and others in India in medically educating thousands of young men is well known, and the aptitude which has been displayed by the students should be equally appreciated. It is certain, however, that the European who goes out to the East will find that he must use all his pôwers to keep ahead of, or even abreast of, the knowledge of his native contemporaries.

At present it seems to me that the most valuable service he can render to them is to shew, by his own practice and teaching, the extreme importance of accurate scientific methods; the weakness of empiricism in treatment, the impropriety of using quack or secret remedies, even if they prove efficacious in some cases, because their employment prevents progress and is contrary to the higher ethics of the profession; the evils attending over-drugging; and the dangers of rapid and showy methods of diagnosis, or of jumping to conclusions without sufficiently minute investigation of signs and symptoms, all of which are defects observed in many Indians, and which are due to their early education and environment. If men go to the East with ideas of this kind, they will still find, not only that an interesting and perhaps profitable career is before them, but that there is much yet left in that part of the world to study and discover for the good of others.

NOTICE TO CORRESPONDENTS.—*No anonymous communications can be inserted. All communications must therefore be accompanied by the name and address of the sender, not, however, necessarily of publication.*—ED.

Remarks on the use of the Electro-Magnet in Ophthalmic Surgery; with a Report on Three Cases.

By H. H. B. CUNNINGHAM, M.D.Brux., F.R.C.S.I., M.R.C.S.Eng.,

Senior Ophthalmic Clinical Assistant, St. Mary's Hospital; Chief Clinical Assistant Royal London Ophthalmic Hospital.

The electro-magnet is an instrument of comparatively recent invention, for in 1820 Arago and Davy independently discovered how to magnetise iron, by making electric currents circulate through coils of wire, around a piece of that substance; though Sturgeon first gave to this instrument its now familiar name. The magnet itself dates from 1600, when Dr. Gilbert published his discoveries in his famous work "De Magnete." The first use of the magnet in ophthalmic surgery was made, at the suggestion of his wife, by Fabricius Hildanus in 1646; though he only used it for extracting chips of iron from the cornea. He was followed by Milkes in 1745, Morgagni in 1779, and others. Dixon in 1859 reports a case in which he endeavoured to use, though unsuccessfully, a magnet to remove a piece of iron from an eye, and gives this reason for failing, viz.:—"A powerful magnet was tried, but its action on the foreign body, though very decided, was not available, for if drawn inwards the body became hidden behind the iris, and if drawn outwards it came into contact with the lens, the very structure it was important to avoid." The present general use of the electro-magnet is due to the initiation of the late Dr. W. A. McKeown, of Belfast, who used a simple permanent magnet, tapered at both ends, to enable it to be introduced into the eye; and who published a case in 1874 which he had successfully treated with it, and again two more cases in 1878. He was followed by Hirschberg, the first to use an electro-magnet, and who in 1879 described his instrument, and some cases treated with it, in 1880 and 1881. Following his came others, designed by a number of authorities, of whom perhaps the better known are McHardy of London, Snell of Sheffield, and Bradford in America. Snell in 1881 described the familiar magnet bearing his name, with a description of 2 cases he successfully treated with it, and again in 1883 published an interesting book on the subject, describing the method of using the magnet, and a number of cases treated with it. Finally, in 1892, Haab, of Zurich, described his giant magnet, which has been found so useful since. A. F. MacCallan in 1902 published a list of 39 cases treated with the giant magnet at the Royal London Ophthalmic Hospital, which showed a percentage of 58 cases in which the foreign body was removed and the eye saved, and in half of these good vision resulted. The globe of the eye consists of very delicate structures, which are easily injured; a foreign body may penetrate the eyeball and leave very little trace of its entrance, on the other hand it may totally disorganise the eye. A foreign body in the eyeball

may become encysted and cause no trouble, but this is an unusual result; or it may take in with it some micro-organisms which set up that severe affection Panophthalmitis, and resulting loss of the eye; or it may enter the eye apparently unaccompanied by any organisms, yet is followed sooner or later by sympathetic ophthalmia.

The majority of these foreign bodies are chips of iron or steel; in fact, Haab states that they form three-quarters of his cases of injuries of this nature. It is a maxim that all foreign bodies must be removed from the eye, and that with the least possible delay; yet in cases where the foreign body is a substance other than iron or steel, and it is considered inexpedient to remove the eye, it is stated, notably by Haab, that it is better to leave the foreign body *in situ* rather than probe for it, owing to the likelihood of the latter causing more injury, and so danger of inflammation. On examining the reports of these injuries that have been published from time to time, it is apparent that chips of iron or steel in the eye are the commonest causes of sympathetic ophthalmia. A great aid to removing these foreign bodies is furnished by the localising processes now adopted, by means of which their presence and exact locality can be accurately demonstrated; by the X-Rays, in connection with which the name of Mackenzie Davidson is most familiar. A method has also been described by Karl Grossman. Another means is the Sideroscope. Having diagnosed the presence and position of the piece of iron, the next step is to remove it; but there are no definite rules for this operation, and its position varies in different cases, often necessitating great ingenuity on the part of the surgeon, in the method of approaching the foreign body, when using the magnet. Details of this procedure were given by Snell and Haab in their monographs on their respective magnets. Suffice it to say that the smaller magnet of Snell is introduced into the interior of the eye, whereas the giant magnet is applied at a short distance from the eye: it being used to draw the chip into the anterior chamber, or into an incised wound, purposely made in the sclerotic, from whence it can be easily removed by a small magnet or a pair of forceps. Recently a new magnet has been described by Jurnitschek, of Basel, which promises to be a great advance on the present instruments. Briefly, it consists of a solenoid arranged in a circular manner, and large enough for the patient to insert his head. Now, this solenoid, corresponding to the circular coils of an ordinary electro-magnet, will magnetise any small iron bar held by the operator inside the circle, and therefore inside the magnetic field, in which the lines of attraction are axial, and also the chip of iron in the eye, which, being attracted, can therefore be easily extracted in any direction by the iron bar.

Appended are notes on three cases of injuries to the eye, in which the foreign body was successfully withdrawn by the electro-magnet, and for permission to publish which the writer wishes to express his thanks to Messrs. Juler and Paton.

Case I.—H. H., engineer, æt. 17, came to the Hospital on September 9th, 1903, complaining of having got something (probably a piece of steel) in his right eye, whilst at work, 11 or 12 weeks ago. Since then he had constantly seen a black speck moving before his eye. There was some injection of the conjunctival vessels, and several vitreous opacities scattered about; one peripherally was thought to be the foreign body. Cornea clear, except for small scar; vision normal, except for dark specks. 18.9.03.—Under a general anæsthetic, a slight linear incision was made in sclero-corneal junction, and an iridectomy performed. A magnet was introduced, but no foreign body could be extracted. 22.9.03.—He was taken to Moorfields, where Haab's giant magnet was used, which drew the foreign body from behind the iris. Iridectomy wound was re-opened, and a small magnet used to extract the foreign body. 29.9.03.—

$$V = 6/36 \; \bar{c} \; \frac{+\cdot 25 \text{ D. Sp.}}{-1\cdot 5 \text{ D. Cyl. ox horiz.}} = 6/9.$$

Case II.—William H., porter, æt. 31, came to the Hospital on 31.8.05 stating he had hurt the left side of his head about two months previously, and did not know he was struck in his eye, but, within last month, noticed sight getting dim, and objects distorted, and usually the upper and inner halves of the field of vision are lost. On admission, eye quiet, no pain. Numerous floating vitreous opacities; and in lower part of vitreous was a large bluish grey opacity, which looked as if it might be a foreign body. Small retinal detachment below. R V = 6/6 L V = 6/36. X-Ray report: a small foreign body is present in outer and lower quadrant, fairly far back, equatorial, and near periphery. 1.9.05. — Under chloroform anæsthesia, Mr. Paton made an incision just below attachment of left external rectus, and the point of a small electro-magnet was inserted. At first attempt the foreign body was removed; no vitreous escaped; two stitches were inserted. Size of foreign body was about 1 m.m. in all directions. 6.9.05.—Wound healed, stitches removed. 15.9.05.—The detachment had considerably increased. 24.10.05. — L V = 6/60. 3.11.05.—V = 6/18. 15.12.05.—V = 6/9 partly.

Case III.—Ernest T., æt. 23, came to Hospital 2.1.06., saying that 24 hours ago he was struck in left eye by piece of iron. On admission there was a perforation through cornea, and a circular aperture in lower and outer segment of left iris, T = − 1. Hyperæmia of conjunctiva, no red reflex from fundus. 3.1.06.—The patient was examined by X-Rays by Dr. Symonds, who reported "a small piece of steel about 1/8" long in lower half of eyeball, near periphery in the median plane of the eye, and a little in front of a coronal plane passing through the centre of the eyeball. It points upwards and forwards, and its anterior extremity is 12 mm. behind centre of anterior margin of lower lid and 3 mm. below it." No vision in left eye. 6.1.06.—Under chloroform anæsthesia, Mr. Juler made a transverse cut in ocular conjunctiva about 6 mm. below corneal margin. At this point he transfixed the sclerotic with a Graefe's knife and cut backwards for 3 mm. A Snell's magnet was introduced into the vitreous for about 12 mm. and slowly withdrawn, bringing with it the fragment of steel; two stitches inserted in the conjunctiva. 7.1.06.—Considerable reaction, and lids slightly œdematous.

9.1.06.—Stitches removed; no pain; marked hyperæmia of conjunctiva. Œdema of lids now resolved. The hyperæmia of conjunctiva is slowly resolving. Can now distinguish light and dark and hand movements immediately in front of eye. 10.1.06.—V = fingers at 1 ft. 19.1.06.—The lens is now becoming opaque. 26.1.06.—Cornea quite clear, except for slightly nebulous area around the wound. Iris clear. Lens, fine diffuse opacity throughout, showing a little more deeply at edge of wound caused by foreign body. Sclerotic, slight redness below cornea, and at area of incision, slight tenderness here. Perception of light good in all directions; projection good in all except upper part of field corresponding to scleral incision V = fingers at 1 ft. Fundus reflex obtained with difficulty, owing to lenticular opacity. 2.2.06.—V = fingers at 25 ins.

These cases show two points well—one, that prompt removal of the foreign body will usually prevent the onset of irido-cyclitis and sympathetic ophthalmia; and the other, that by this procedure useful vision can be obtained.

Students' Cot Association.

The Annual General Meeting of the above Association was held on Thursday, February 22nd, in the Library, with Mr. Matthews in the chair. The Hon. Treasurer then made the following excellent report on the year's finance :—

Receipts	£162 10 6
Expenses	3 11 9
Net Balance	158 18 9
Balance after suggested payment of £125 instalment for Cot	35 18 9

The above report was unanimously passed, and it was then agreed that an effort should be made to pay off the Permanent Endowment of the Cot by four instalments of £125. So as to make certain of obtaining sufficient for the second instalment this year it was determined to issue supplementary cards, to be distributed by students, without involving any guarantee on the part of the distributors. It was further proposed and unanimously agreed to, that the number on the Committee, in addition to the Hon. Treasurer and Secs., be increased to six. In view of the scanty attendance the actual election of officers was held over to another meeting. After the appointment of a Sub-Committee to decide on the form of the plate or shield to be fixed over the Cot, the meeting was adjourned.

The adjourned General Meeting of the Association was held on Monday, March 5th, in the Club. It was resolved to start the Cot at once in the Crawshay Ward and to transfer it to the New Wing when opened. A handsome design for the plate (kindly executed by Mr. G. B. Wills), to be fixed over the Cot was then submitted by the Sub-Committee and was unanimously approved. It was resolved to spend not more than £10 on the Cot and plate together. The following officers were then elected for this year :—

Hon. Treasurer ... ... Mr. Matthews.
Hon. Sec. for the Hospital ... Mr. Wills.
Hon. Sec. for the School ... Mr. Meers.

On the Committee—Messrs. Redman, Rous and Lees (for the Hospital); and Messrs. Finlaison, Cowardin and Marshall (for the School).

A vote of thanks to Mr. Matthews, the Chairman, terminated the proceedings.

St. Mary's Hospital Football Clubs.

INTER-HOSPITAL RUGBY CUP.

SEMI-FINAL—GUY'S *v.* MARY'S.

The brilliant play of our outsides in the re-play with Thomas' resulted in a Rugger boom, and some wonderful keenness in unexpected quarters. Those who made the journey to Richmond for the first time unfortunately saw the team at its worst. Burdett's injury led to a complete rearrangement of the backs. We have no desire to make excuses for a frightfully feeble exhibition, but we honestly believe these eleventh hour changes lost Mary's the game. Matters were not improved by a lot of shuffling of places on the field. Guy's strength was supposed to be in the scrum. Here, however, we quite held our own. On this point the Press was unanimous. The forwards deserve a lot more credit than they came in for in the general disgust. They held a scrum stones heavier, broke quickly, and heeled smartly. They laid the foundations of victory by their desperate energy in the packs and in the loose. Twice the ball came back to our halves and on to the centres, and on both occasions Guy's scored. It was heartbreaking to a light pack. Even then the forwards continued to give the ball to the outsides. But no useful purpose is served by rubbing it in. Guy's are not the great side of former years. Morgan, McEredy, and O'Brien are not easily replaced, and forward one noticed a lot of winging. On the other side it is difficult to criticise with moderation. Louwrens, Littlejohn and Batchelor at times were good in attack. Taylor worked hard. Any attempt at defence was made by a few energetic forwards who refused to give up the sponge. Hawkins, after many disappointing displays, played a great game. His terrific energy must have been some consolation to the very subdued Mary's supporters. Hawkins was well backed up by a keen and tireless pack. The great hold which the Hospital Rugby Cup Ties have on Hospital men and on the outside public is primarily due to the keenness and vigour of the tackling. When this disappears no more interest will be taken in the Rugby Cup than in the various other Inter-Hospital competitions, when the keenness, and very often the attendance, is confined to those actually playing. At the same time we may be allowed to point out that it is much easier to perform on a penny trumpet and wave a battered bowler from the top of a Vanguard than to tackle men like Alcock.

INTER-HOSPITAL ASSOCIATION CHALLENGE CUP.

SECOND ROUND—ST. MARY'S *v.* ST. BART.'S.

At Winchmore Hill, on Tuesday, February 20th, resulting in a win for Bart.'s by five goals to one.

For about twenty-five minutes play was pretty even, and both sides had hard lines in not scoring. Before half-time, however, Bart.'s put on two goals, which left the score at half-time 2—0.

On crossing over, Taylor scored for Mary's from a good centre by Archer, and Bart.'s again scored by Holthusen. In attempting to clear, A. Martyn inadvertently scored for his opponents.

Just before time Bart.'s scored again, by a goal which seemed to many people to be offside.

The match thus ended as above in favour of Bart.'s by five goals to one.

The game was fairly fast throughout, and Neagle and Archer both made some good runs down the touch line.

St. Mary's.—R. A. Hobbs, P. V. Hayes, A. W. Bevis, V. C. Martyn, H. G. Willis (Capt.), A. F. C. Martyn, E. W. Archer, F. St. B. Wickham, H. H. Taylor, C. E. Redman, and R. D. Neagle.

INTER-HOSPITAL ASSOCIATION JUNIOR CHALLENGE CUP.

SEMI-FINAL—ST. MARY'S *v.* ST. BART.'S.

This round was played on the ground of St. Thomas'.

Day, Porteus and Burdett were unable to turn out, and this left Mary's rather weak in places.

From the kick off Mary's pressed hard and looked like scoring. About a quarter of an hour after the start Harvey unfortunately put his knee out and had to retire. Before half-time Bart.'s had put on four goals, and the score at half-time was four—nil. Mathews, whose place had been taken by Wooster, now turned up, and Bart.'s in a very sportsmanlike way allowed him to take Harvey's place.

After the kick off Bart.'s again scored, but Mary's replied through Hare. Barker again scored for Mary's from a good centre by Hobbs, and thus left the game a victory for St. Bart.'s by five goals to two.

If Harvey had not had to retire and thus leave Mary's one short up to half-time, the result might have been quite different.

Hamilton played a very good game and repeatedly saved; McKay, Hare, Barford and Barker also showed to advantage.

St. Mary's Team.—A. Hamilton, McKay, Smith, Marshall, Ferguson, Harvey, Wooster, Basford, Barker, Hare and Hobbs.

RUGGER NOTES.

We hope Louwrens caught the eye of the Selection Committee in the Trial game at Richmond on the 7th inst. No selection would be more popular in the London Rugby world. Hawkins in the same game was always at the head of every rush.

The Final was chiefly remarkable for a magnificent display by the London forwards. The back play was quite feeble.

Writing after the Cup Ties, the following United XV. would take a lot of beating :—Lee (full back): Stringer, Oulton, Lloyd, Palmer (three-quarters); Wade and Louwrens; Scott, Monteith, McEwen, Sharp, Mullins, Grandage, Follitt, and Archer or Hawkins (forwards).

The A XV. took 22 points out of Catford Bridge A on Saturday.

Since the very successful tour in France in November, most of the clubs seem to have found Havre and the Paris teams too much for them. As these clubs include the United Services, London Hospital, Bristol, Clifton, Treherbert, etc., Mary's may congratulate her XV. on their efforts. The French clubs look on these games as immature internationals.

We hope next January everyone will turn out to make another attempt to bring back the Cup. We are extremely grateful to Phillips for his keenness in turning out when we were in a hole. It was a sporting act, appreciated by everyone.

Lack of space compels us to hold over the "characters" of the team until next month.

A Plea for Poetry.

Surely there should be a welcome awaiting anything that could induce to the better teaching of medicine and its offshoots. Whenever we think of the weary hours we have spent in various out-patient departments, we wonder whether it might not be possible to introduce some improved method of teaching, that might do something towards brightening the labours of the succeeding generations of students. Meditating deeply on how this happy consummation might be attained, at last the bright thought flashed upon us that all these conditions could be fulfilled by those who take out-patients occasionally bursting into appropriate song.

It may at once be said that this is impossible—that there can be nothing in our out-patient departments that could inspire the singer—all is dull, drearily dull, to such an extent that no muse would ever dream of descending thereunto. But let us imagine, for instance, the eye department after some hours of weary labour, when interest has fled and all the searchers for ophthalmological knowledge, once all attention, are settling into boredom. How would they suddenly take fresh interest in life, and eye-ailments, if one of our respected teachers should loose a sonnet on the world, as more patients came filing into the already overcrowded room. It might run on some such lines as follow, only smooth and polished, ophthalmologically as well as poetically more correct, not such a hasty, rough, unfinished conglomeration of words as this :—

See here advance, with blundering footsteps, age,
Leaning on youth for guidance as a staff,
Reeling as those who overmuch do quaff.
To seek for sight makes he this pilgrimage.
His vacant features darken not with rage,

Nor brighten with the sunshine of a laugh.
Can we by operation here ingraff
New interest in the scenes upon life's stage?
Lo! when my hand before his eyes I hold
No number of my fingers can he tell:
Behold the cloud that in his lens doth dwell,
And him in dark eternal doth enfold!
What from his once fine sight may thus detract?
I ask? Ah, what but senile cataract?

Or let us suppose it afternoon, and in the surgical department after the men are finished, and in troop the ulcers and flat feet. At present this is taken as the cue for exit by almost all of those who go down to O.P.'s to learn. Yet all that is required is something to make ulcers, or flat feet, seem of interest. In these, you say, no spark of poetry can lurk; but think, and you will find that in the whole universe there are few, if any, themes more suited for poetry than flat feet. So let the surgeon rise and speak his soul in strains like these:—

In the beginning when man walked naked, as man, unashamed,
When a fig-leaf was thought fantastic, when boots were unknown and unnamed,
Digitigrade like a hero untrammelled he trampled, and free;
Tubercular now, and rachitic, plantigrade, hideous to see,—

and so *ad infinitum*, if need be.

Stepping across to the medical room, may we not chance to hear fresh wisdom dramatically soliloquised after many hours of wrestling with "cruel pains in the joints," "stomach aches," "'orrible 'acking cough," and such like evils that swarm eternally in that department?—

T.B. or not T.B., that is the question.
Whether this person in his lungs doth suffer
The ceaseless onslaught of Tuberculosis,
Or in his bronchi hath catarrh most chronic.
Can we by mere percussion settle this?
He coughs, and long has coughed, we know no more,
Until we have performed sputoscopy!

S.

Reviews of Books.

THE PHYSIOLOGY AND THERAPEUTICS OF THE HARROGATE WATERS, BATHS AND CLIMATE, APPLIED TO THE TREATMENT OF CHRONIC DISEASE. By William Bain, M.D.(Durh.), M.R.C.P.(Lond.), and Wilfrid Edgecombe, M.D.(Lond.), F.R.C.S.(Eng.). London: Longmans, Green & Co. Pp. 300. Price 7/6.

This is a very exhaustive treatise—one is almost tempted to say a too exhaustive treatise—dealing with the Harrogate waters.

The authors have collected and present the various experimental data bearing on the physiological action and the therapeutic applications of the local waters and baths, and conclude with a section on the Spa treatment of chronic disease, which is intended to serve as a guide to medical men sending patients to a health resort.

There are two extremely fair articles dealing respectively with the diseases to which the climate of Harrogate is suited and unsuited. It is extremely desirable that medical men should know something of the health resorts to which they send their patients, but considering the strain of modern life it is very necessary that such information should be in as compact and condensed a form as possible. While no possible exception can be taken to the quality of the contents of this book, it must be confessed that the quantity of it might possibly deter the busy medical man from seeking information in its pages.

"ON PROFESSIONAL EDUCATION, WITH SPECIAL REFERENCE TO MEDICINE." An Address delivered at King's College, London, by T. Clifford Allbutt, M.A., M.D., F.R.S., &c. London: Macmillan & Co. Pp. vi. & 80. 2s. net.

An address such as this, delivered by one of the ablest thinkers of our profession in his accustomed excellent language, is well deserving of more permanent record than the columns of the medical journals can afford. We recently reviewed this author's bold plea for a more liberal spirit in medicine in his "Historical Relations of Medicine and Surgery," and the present book makes an interesting companion to that volume. He insists very strongly on the great gulf fixed between education and instruction, and enters a plea for the education of the imaginative no less than the reasoning powers. Passing to the more specialised branch of medical education, we find he speaks most highly of the desirability of a preliminary degree in arts wherever possible; of a "one portal" state examination, which shall test a man's knowledge of the facts necessary for the practice of his profession; and of the reservation of the University degrees for a stamp of a man's liberal education in the broad principles that underlie a great science, and his grasp of the true spirit that inspires it. We have no space to closely follow the cleanly thought and clearly expressed line of argument which supports his thesis, but we commend it to the attention of all interested in the welfare of medical education; to a still wider audience should the wholesome and brave advice on the last few pages of the book appeal—advice of an intimate character for every student of medicine. We need hardly say that the address is illuminated by flashes of true wit, of which we cannot refrain from quoting. "And so examinations drive on, those subjects only being chosen, and that treatment of them prescribed, which promote not enlargement of the mind but the convenience of examining: the 'Who blew What, how many times, round the walls of Where?' kind of question." Splendid!

"ORGANOTHERAPY: or Treatment by means of Preparations of Various Organs." By T. H. Batty Shaw, M.D. (Lond.), F.R.C.P. Pp. x. & 256. "Modern Methods of Treatment" Series. London: Cassell & Co. 6s. net.

We like this series much. Its authors are well informed, and present debatable matter in a straightforward way without fear or favour. Perhaps this volume touches on thinner ice than any of its predecessors, indeed the sceptical old-fashioned reader might be tempted to recall the hell-charm in "Macbeth"—

"Eye of newt and toe of frog,
Wool of bat and tongue of dog,
Adder's fork and blind worm's sting,
Lizard's leg and howlet's wing"—

and so forth, or the complex organic prescriptions with which the last moments of the Merry Monarch are alleged

to have been made hideous. However, our author does not accept the preparations he describes with the whole-hearted faith of Shakspeare's witches or King's Charles' physicians, and the book is written in an eminently scientific spirit. More than half the work is devoted to its physiology, anatomy, therapeutics, and pathology of the Thyroid, Parathyroid, and Suprarenal Glands, and this is really an exhaustive monograph of extreme interest, enriched with an excellent bibliography. The chemical physiology is most carefully written. The last 100 pages are devoted to the pancreas, liver, testicle and ovary, pituitary body, thymus, spleen, etc., but for practical importance they do not compare with the earlier chapters. As far as specific therapeutic efficacy is concerned, of course the Thyroid preparations stand alone. The suggested relationship between thyroidal deficiency and eclampsia is interesting. The treatment of Addison's disease by Suprarenal Extract is apparently no more satisfactory by the light of recent experience than has formerly been the case; the author's explanation appears cogent. Full justice is done to the hæmostatic employment of adrenalin, both internally and locally. Barker's eucaine and adrenalin method of anæsthesia is well described. On the whole the book contains a useful and carefully collated body of information, and should rank high in the literature of a fascinating, if somewhat disappointing, subject that at one time promised many things but seems tardy in their fulfilment.

Appointments.

ANDERSON, E. D., B.C.Camb., House Physician to Dr. Luff.

BAKER, F. C., L.R.C.P., M.R.C.S., Assistant Medical Officer to the Paddington Infirmary.

GIBBS, H. J., L.R.C.P., M.R.C.S., M.P.C., Resident Surgeon to the Tan Toch Sing's Hospital, Singapore.

LEES, HAROLD C., M.B., B.S.Lond., L.R.C.P., M.R.C.S., Senior House Surgeon to the Blackburn and E. Lancs. Infirmary.

LEHFELDT, R. H., D.Sc.Lond., B.A.Camb., Professor of Physics in the Transvaal Technical Institute, Johannesberg.

MASKELL, J. W., L.R.C.P., M.R.C.S., Honorary Medical Officer to the Chorley Dispensary and Rawcliffe Hospital.

SINGER, C., M.B., B.C.Camb., Resident Medical Officer to the Government General Hospital, Penang.

VAN PRAAGH, H. J., M.D.Lond., Honorary Anæsthetist to the Hampstead General Hospital.

Note.—In the last number of the Gazette the announcement of Mr. Finn's appointment should have run:—
FINN, A. R., M.B., B.S.Lond., L.R.C.P., M.R.C.S., House Surgeon to Mr. Lane.
We apologise for an unintentional omission.

Change of Address.

ARGLES, E. E., L.R.C.P., M.R.C.S., 74, Oxford Terrace, Hyde Park, W.

CHAVASSE, H. S., L.R.C.P., M.R.C.S., L.S.A., 56, High Street, Sutton Coldfield, Warwickshire.

DAY, W. F. L., M.B., B.C.Camb., L.R.C.P., M.R.C.S., West End, Wetherby, Yorks.

HAYLOCK, S. J., L.R.C.P., M.R.C.S., 4, Shooter's Hill Road, Blackheath, S.E.

LLOYD, F. S., M.D.Lond., 26, Park Street West, Luton, Beds.

TELEPHONE NUMBERS.

Bate, A. G., M.B., B.C.Camb. (Teleph. 1413 Kemp Town).

Batley, A. B., L.R.C.P., M.R.C.S. (Teleph. 0195 Christchurch).

Bisdeè, A. B., M.R.C.S., L.S.A. (Teleph. 5 Hoddesdon).

Bluett, R. P., L.R.C.P., L.R.C.S.Edin., L.S.A. (Teleph. 9 Wealdstone).

Bowden, W. J., M.B., B.Ch.Vict. (Teleph. 0191 Glossop).

Branson, J., M.R.C.P., L.R.C.S.Edin. (Teleph. 0947 Bournemouth).

Broadbent, Walter, M.D., B.C.Camb. (Corp. Teleph. 405 Brighton).

Brodribb, C. A., M.R.C.S., L.S.A. (Teleph. 86 X St. Leonards-on-Sea).

Brooks, F. A., M.D.Brux., L.R.C.P., M.R.C.S. (Teleph. 51 Felixstowe).

Bullmore, F. G., L.R.C.P., M.R.C.S., L.S.A. (Teleph. 0180 Colwyn Bay).

Burn, A., M.D.Lond. (Teleph. 27 X Crawley).

Butterworth, Rupert, M.B., B.C.Camb. (Teleph. 0197 Wisbech).

Coombs, C. F., M.D., B.S.Lond. (Teleph. 13 Y Westbury).

d'Esterre, J. N., L.R.C.P., M.R.C.S., L.S.A. (Teleph. 121 X Eastbourne).

Dobie, J. N., M.B., B.C. Camb., L.S.A. (Teleph. 115 Keighley).

Facey, W. E., M.B.Camb., M.R.C.S. (Teleph. 11 X Christchurch).

Finlay, D. E., L.R.C.P., M.R.C.S. (Teleph. 266 Gloucester).

Frampton, T. H. T., F.R.C.P.Edin., M.R.C.S. (Teleph. 2609 Hove).

Francis, Harvey, M.D.Durh., L.R.C.P., M.R.C.S. (Teleph. 624 Nottingham).

Freer, A. E., L.S.A. (Teleph. 0185 Stourbridge).

Garrard, G., L.R.C.P., M.R.C.S., L.S.A. (Teleph. 79 X Hastings).

Gowland, E. L., M.B.Lond., L.S.A. (Teleph. 10 X Faversham).

Haigh, H., L.R.C.P., M.R.C.S. (Teleph. 10 Meltham).

Hall, J. N., L.R.C.P., M.R.C.S. (Teleph. 18 Mayfield).

[We regret that lack of space compels us to hold over several telephone numbers until our next issue.—ED.]

Pass Lists.

UNIVERSITY OF LONDON.

PRELIMINARY SCIENTIFIC EXAMINATION.

Part I.—Inorganic Chemistry, Experimental Physics, and Biology.

Inorganic Chemistry and Biology—G. V. Hobbs.

Inorganic Chemistry only—G. H. Garlick, M. C. Mason, J. Menzies.

Part II.—Organic Chemistry.

T. Hare, David Scurlock.

UNIVERSITY OF CAMBRIDGE.

Sir William Broadbent, Bart., K.C.V.O., has been appointed a Member of the Board of Electors to the Professorship of Medicine (Downing).

UNIVERSITY OF LONDON.

Dr. A. D. Waller, F.R.S., has been re-elected Director of the Physiological Laboratory for 1906.

The Services.

ROYAL NAVY MEDICAL SERVICE.

Surgeon H. V, Wells, L.R.C.P., M.R.C.S., has been appointed to H.M.S. "Eclipse."

1ST LIFE GUARDS.

Surg.-Capt. Basil Pares, L.R.C.P., M.R.C.S., is promoted to Surgeon-Major (February 17th, 1906). He joined the R.A.M.C. as Lieutenant Nov. 14th, 1900; was appointed to the 1st Life Guards Oct. 15th, 1902; and promoted to Surgeon-Captain Nov. 14th, 1903. During the South African War in 1899-1901 he served as a Civil Surgeon, and has received the Queen's Medal with five Clasps.

ROYAL ARMY MEDICAL CORPS.

CHANGE OF STATION.

Colonel R. D. Hodson, L.R.C.P.Edin., M.R.C.S., from Ceylon to Chatham.

Lieut.-Col. G. E. Hale, D.S.O., L.R.C.P., M.R.C.S., from Kirker to Poona.

Captain J. I. W. Morris, L.R.C.P., M.R.C.S., from Armagh to R.A.M. College.

Captain J. H. R. Bond, L.R.C.P., M.R.C.S., from Warwick to Bulford.

Captain B. F. Wingate, L.R.C.P., M.R.C.S., from R.A.M. College to Eastern Command.

Captain W. L. Baker, L.R.C.P., M.R.C.S., from Bhamo to Aldershot.

Captain R. L. Argles, L.R.C.P., M.R.C.S., from R.A.M. College to York.

Captain P. S. Lelean, F.R.C.S., from R.A.M. College to Southern Command.

Lieut. O. Ievers, M.B.Lond., L.R.C.P., M.R.C.S., from St. Helena to Wynberg.

Lieut. G. H. Richard, L.R.C.P., M.R.C.S., from Calcutta to Lebong.

Major J. P. S. Hayes, L.R.C.P., M.R.C.S., is placed on retired pay (Jan. 30th, 1906). He entered the Service Jan. 30th, 1886, and was promoted Major Jan. 30th, 1899.

War Service.—Nile Expedition, 1898 (British and Egyptian Medals), and in the South African War, 1900—2, including operations in Natal and the Transvaal (Queen's Medal with two Clasps and King's Medal with two Clasps).

Major S. J. W. Hayman, L.R.C.P., L.R.C.S.Edin., is also placed on retired pay (Jan. 30th, 1906). He entered the Service Jan. 30th, 1886, and was promoted Major Jan. 30th, 1906.

War Service.—Burmese Expedition, 1886—8 (Medal with two Clasps).

The undermentioned Lieutenants are confirmed in that rank, viz. :—

Lieut. J. M. B. Rahilly, M.B., B.S.Lond., L.R.C.P., M.R.C.S.

Lieut. G. E. Ferguson, L.R.C.P., M.R.C.S.

Lieut. E. G. Anthonisz, L.R.C.P., M.R.C.S.

Lieut. R. A. Bryden, L.R.C.P., M.R.C.S.

The undermentioned gentlemen to be Lieutenants on probation, viz. ;—

C. T. Edmunds, L.R.C.P., M.R.C.S.

V. G. Johnson, L.R.C.P., M.R.C.S.

A. H. Bond, L.R.C.P., M.R.C.S.

INDIAN MEDICAL SERVICE.

PROMOTION.

Captain Leonard Rogers, M.D., B.S.Lond., F.R.C.P., M.R.C.P., is promoted to Major (dated Jan. 30th, 1905).

VOLUNTEER CORPS.

Surgeon-Captain W. Cox, M.R.C.S., L.S.A., is promoted to Surgeon-Major, in the Royal Engineers (Volunteers) 1st Gloucester Regiment (Feb. 24th, 1906).

Resident Patients Wanted.

Modern comfortable detached house, southern aspect, with excellent air and light; there is a verandah looking south and east, conservatory, lawn, and garden; situated on sand and gravel soil. About seven minutes' walk from Cliff, and near Electric Trams and Golf Links. Photograph of house can be sent. Owner is married.

W. H. CUNDELL, Esq., M.R.C.S., L.S.A.,
The Haven, Castlemain Road,
W. Southbourne,
Bournemouth.

Near Bristol. Convenient dry house, built on rock, climate warm and pleasant; close to "The Downs," and tram and omnibus routes, but very quiet; one adult patient only received, or two children; confinement cases received; no habitual drunkards or violent cases; terms from 3 guineas a week; nurses, massage, washing, and drugs extra.

Apply, c/o Editor of GAZETTE, who will put parties in communication.

Announcements.

BIRTH.

STANLEY.—On November 23rd, 1905, at Shanghai, the wife of Arthur Stanley, M.D., B.S.Lond., D.P.H., of a daughter.

MARRIAGES.

JONES—MOORE.—On February 24th, at St. Mary and the Angels' Church, Bayswater, by the Rev. Francis Wynham, Henry Cadwaladr Jones, L.D.S., of 41, Craven Hill Gardens, W., and "Avermore," Hanwell, W., to Ismay Mary, youngest daughter of the late John H. Moore and Mrs. Moore, of North Kensington.

THOMAS—OWEN.—On February 27th, at Llangeinor Parish Church, by the Rev. W. Edwards, Vicar of Llandyfodwg, assisted by the Rev. J. Jones, Vicar of Llangienor, and the Rev. S. Jackson, Vicar of Llangynwyd, G. M. A. Thomas, L.R.C.P., L.R.C.S.Edin., eldest son of the late Dr. W. H. Thomas, Marstag, to Katie, only daughter of J. H. Owen, Esq., The Villa, Nantymoel.

DEATHS.

COCKS.—On February 23rd, at Bath, Benjamin Cocks, M.R.C.S., L.R.C.P.Edin., L.S.A., of Buntingford, aged 73.

HAND.—On Thursday, March 1st, at the West Norfolk and Lynn Hospital, F. H. Hand, L.S.A., aged 32.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XII.—No. 4. **APRIL, 1906.** **Price 6d.**

Medicine and Hypnotism.

A recent article on some experiments in hypnosis, contributed to the *Lancet* by a resident officer at St. Mary's, has awakened some interest in this subject amongst us, and a brief consideration of the relation of the medical practitioner to the practice of "suggestive therapeutics" under hypnosis may not be out of season. We take it that few of our readers are amongst the class who either do not believe in hypnotism or are not quite sure if they do. A state resembling sleep, and frequently associated with somnambulism, anæsthesiæ, rigidity, and other phenomena, induced by the suggestive influence of another person, is as well established a physiological fact as is the function of respiration; even the physiological text-books have for some years taken notice of it. It is a matter for much regret that its earliest introduction to public notice in Europe, well over a century ago, was at the hands of a charlatan, who compassed it around with a cloud of chicanery and mystery, and claimed a specific and well-nigh magical endowment to practice this new art. Since then it has at intervals attracted the attention of many followers in his footsteps, who have simply employed it as a money-making sensation for the stage or lecture-platform, or it has been practised by men with some pretensions to medical training — "borderline" practitioners and some well over the border—who have used it still more unscrupulously by laying claim to healing powers unrivalled save by the blatant claims of patent medicine. But whilst these dishonest persons were causing the orthodox profession to regard with cold disfavour the accredited facts of hypnotism (a disfavour much intensified by highly-seasoned stories of ethical abuses, to which it was supposed to lend itself readily), certain men of high scientific attainments and professional eminence, both in our own country and abroad, were patiently experimenting, sifting the grain of fact from the chaff of imagination, and seeking whether this strange mind-state might be legitimately turned to useful therapeutic ends. And although distinctly recognising the limitations to which it must ever be subject, we feel justified in claiming that a good case has been made out for continued research and experiment at the hands of even more such reputable and scientific practitioners as are already engaged on it here and there. It did not need the so-called "Christian Scientists" and other faith-healing sects to impress upon any thoughtful doctor the great help of "suggestion," by environment, encouragement, and so on, in the treatment of certain diseases, and still more of certain patients. If, then, the effect of this valuable measure can be intensified and controlled by the preliminary induction of a state resembling natural sleep, and if the idea of "weakening the subject's will" prove, as seems probable, a bogey to be disregarded, then the practice of hypnotism as a means of treating functional nervous diseases, and alleviating pain, may well find more universal acceptance than it at present enjoys. At any rate, we hope that its investigators may in future meet with a fair hearing that has not been always granted them in the past by brother members of their profession.

Some Points in Urinary Surgery.

By M. FITZMAURICE-KELLY, M.B., B.S.Lond., F.R.C.S.

When the Editor asked me for some remarks on this subject, I consented without realizing the difficulty of saying anything new. And, as a matter of fact, there *is* nothing new in this paper—practically nothing that has not passed into the current practice of the Hospital. But, inasmuch as few except the House Surgeons learn the detail of their chief's work, it may prove of interest to some readers of the GAZETTE.

The form and matter of this paper were suggested by reading the chapters on Genito-Urinary surgery in some of the well-known text books. In these the more special part of the subject is still contemplated with awe and reverence, as a secret mystery open to the few, and not to be rashly approached by the uninitiated. The Cystoscope is represented as a dangerous curiosity, quite as likely to burn a hole in the bladder wall as to give any useful information, and the urethroscope is barely mentioned; in fact, the last editions stand where the first edition stood.

The points considered here represent either omissions from the books, or sound a note of diffident dissent from the conclusions therein embodied.

LOCAL ANÆSTHESIA.

In the first place, an enormous amount of suffering can be saved by local anæsthesia. The technique of the process is simple in the extreme. All that is necessary is a glass pipette holding some 30 minims, a rubber teat such as the opsonists have made familiar, and some cocaine solution. As to the strength, perhaps 2 per cent. is the best in private work; in hospital practice 5 per cent. is convenient, as the anæsthesia is almost instantaneous, and it practically never causes toxic symptoms, unless used after clumsy instrumentation has caused a breach of surface in the urethral mucous membrane. The method is as follows:—The meatus and glans penis are disinfected, and the pipette and teat, previously sterilized, are filled with the cocaine solution. The nozzle of the pipette is introduced into the meatus, which is compressed round it, and the cocaine injected into the anterior urethra. The pipette is withdrawn, the meatus being still compressed, and the cocaine is pressed backwards by the fingers and gently massaged against the face of the compressor urethræ. This rapidly yields, and the solution runs into and anæsthetizes the posterior urethra. The whole process takes less than a minute, and when a 5 per cent. solution is used the patient is ready at once. It should be mentioned, however, that such strong solutions are condemned by some authorities; Réclus, for example, advises ½ per cent., and affirms that an internal urethrotomy can be done by its aid, the patient feeling nothing. It would be interesting to hear what the patients said.

The applications of local anæsthesia of the urethra are many. Apart from the passage of bougies and sounds, it serves to distinguish the spasmodic from the organic stricture, and to render a complete examination by the urethroscope, and topical applications to the urethra, possible and painless. Further, practically in every case, cystoscopy can be done under cocaine, much time and subsequent inconvenience being saved thereby.

STRICTURE OF THE URETHRA.

There are a few important points about stricture of the urethra that are not generally known, and that are worth knowing. In the first place, an exact diagnosis can be made in one way only, and that is by the æro-urethroscope. This is a simple instrument; the only difference between it and the ordinary form is that the orifice is plugged by a lens, and a bellows is attached to a lateral opening, thereby allowing the urethra to be inflated. Most surgical catalogues have pictures of it. The urethra is anæsthetized and the instrument introduced, perhaps after dilatation of the meatus, until it hitches against the face of the stricture. The guide is withdrawn and the urethra swabbed dry with pledgets of sterile cotton wool; then the bellows and electric light attachment are put on, and the urethra is distended. If there is no serious narrowing in the penile portion, but the stricture is situated in the bulb, it will be easy to get an exact notion of the calibre of the stricture, the character of its edges—scarred or soft—and the situation of the orifice. The orifice may be central or eccentric; in the latter case a note of the fact makes subsequent instrumentation easier. In most cases, some general narrowing will be found for a short distance in front of the stricture, so that, without inflation, the tube is arrested before reaching it, and the appearance is that of a stricture of wide calibre. On attempting to pass a bougie, the mistake is soon obvious. If there is a penile stricture, a complete view is more difficult, though it can usually be obtained. The exact course to be followed depends on whether it is situated near the meatus or near the bulb. If near the meatus, the best course will be to dilate it with straight metal sounds until a small urethroscope tube—18 or 19 of the French scale—can be introduced. This is usually not difficult; strictures in this situation are not often either narrow or dense. If, however, the stricture is situated within 2 inches of the bulb, and is of fairly large calibre, it is not necessary to dilate it. The tube is passed until it hitches, and then, with a good light and distension, it is possible to see along the deep urethra, as along a tunnel, and to get a perfect view of the second stricture.

The advantage of this method is, that not only is the diagnosis certain, but most valuable indications for treatment are gained. Thus it is possible to say at once what sized bougie to begin dilatation with; further, whether dilatation is likely to be easy or difficult, and whether previous treatment has left any false passages—if so, where the orifices are situated. In a typical case it is often possible to begin with No. 5 or 6 of the French scale, and then the following method of dilatation is carried out. At the first sitting, dilatation is carried on with soft instruments to as large a calibre as can be reached easily. This may be anything between Nos. 8 and 14 French. The patient is seen again in a week, when dilatation is

begun a size or two lower than that reached at the previous sitting, and carried on gently, without any attempt to force it. Unless the case is a difficult one, or bleeds readily, there is no need to use cocaine after the first time, though no doubt it would be well in private practice to do so.

The course of the cases varies greatly, and it is impossible to predict just what will happen. Favourable cases dilate up to 15 French at the second sitting; they are then carried on with steel instruments, beginning with about No. 7 of the English scale. Frequently the full size of 14 may be reached in five or six weeks, and then the dilatation is kept up, at gradually increasing intervals, until the case can be considered cured. Some cases, again, obstinately refuse to dilate, or after going well up to 12 or 14 French, stick at that point; for these internal urethrotomy is the best means of treatment. Between these two extremes fall a great number of varieties—some that dilate easily and quickly recontract, others that seem quite impossible to dilate, but which suddenly yield and soften. But one class need special mention—those that reach a maximum at about 10 or 12 English, and which, dilating readily up to that point, obstinately resist dilatation beyond it. In treating these, it is most important not to try and force them, but to accept the maximum, and by steadily keeping them dilated up to it, to aim for a rigid tube of that calibre. In this way alone can a cure be obtained. Forcible dilatation only leads to splitting, which is followed by further scarring and recontraction, the stricture becoming denser and more intractable.

The operation of internal urethrotomy has been mentioned as a possible—even a proper—method of treatment. It may be done in those strictures which resist dilatation, either from the first or when dilatation has been carried up to 10 or 12 French, in cases that re-contract rapidly after dilatation, and in many cases of multiple stricture when the patient can afford to lie up for a few days. In the latter case it is a great saving of time, and it facilitates the after-treatment. Indeed, in such cases, given the choice between an internal and an external urethrotomy, it is difficult to see how anyone familiar with the results could hesitate to select the former. As to methods, it is well known that the stricture can be divided either from behind forwards or from before backwards. Most of the books recommend the former, and the voice of authority dismisses the latter as an operation "that does not commend itself to our judgment." It is pardonable to wonder what effect an experience of the method would have on this *à priori* opinion. For in the first place, the number of strictures that will admit a Civiale's urethrotome, but will not yield to dilatation, must be very small; most of them will be penile, and these as a rule dilate readily. Further, it is desirable not to divide a bulbar stricture in the floor of the urethra, as the bulb is certain to be wounded, and may give rise to some bleeding. On the other hand, division from before backwards can be practised on any case that will admit a filiform guide, the operation is practically without risk, and the after-treatment is simple. The instrument may be Maisonneuve's, or some modification of it, such as Teevan's, which has a sheathed knife which can be projected by a spring in the handle. Both are usually illustrated in the instrument makers' lists, and both divide the stricture along the roof. Before the patient is put on the table, the filiform guide is passed, and tied in. When anæsthetized, the metal guide is screwed on and passed into the bladder. The knife is then introduced along a groove in the guide, and, in the case of Maisonneuve's instrument, simply pressed home, while an assistant holds the guide steady. With Teevan's, the sheathed knife is passed until it hitches against a stricture, when the blade is projected, and the narrowing divided. This is repeated, if necessary; then the knife and guide are withdrawn, and a full sized instrument—say 16 English—is passed gently. The object of this is to see that the stricture has been completely divided; it is to test, and not to stretch the urethra. Then a full-sized soft instrument is passed into the bladder, tied in, and the end plugged with a spigot of wood, which can be withdrawn four-hourly to relieve the bladder. No doubt some urine leaks by the side of the catheter, but in the main it shields the raw surface from being flooded with urine. After forty-eight hours the catheter is withdrawn, and the patient can be allowed to get up. No further instrumentation should be attempted for a fortnight, when a full-sized bougie can be passed. This can be repeated at rapidly-increasing intervals; one, two, four, six months, and most of the cases are completely cured after a couple of years. Others, however, perhaps from neglect of after-treatment, perhaps from re-infection, or other cause, come back with a recurrence of the symptoms and the stricture. These can usually be treated by dilatation, or by a cutting operation with careful after-treatment.

Remains to be considered external urethrotomy. Its indications are perhaps not so numerous as they were; the chief of them are impassable stricture, with or without retention, and perineal fistulae in association with stricture. In the former case, Wheelhouse's operation will probably be done, if treatment fails to relieve the retention; but this is rare. If perineal fistulae are present, and if a guide can be passed into the bladder, a good plan is to divide the stricture by internal urethrotomy, then to pass a Syme's staff into the bladder, and open the urethra behind the stricture for drainage. The fistulæ are laid open down to the urethra and packed, a large perineal tube being left in the bladder for ten days. After that, an instrument is passed regularly through the whole length of the urethra into the bladder and the perineal wound allowed to heal by granulation.

HYPERTROPHY OF THE PROSTATE.

The subject of enlarged prostate has been written to death in the last few years. The anatomy and pathology is admirably described by Thomson Walker in a paper read before the Medico-Chirurgical Society (Trans. vol. lxxxvii), and many surgeons have published cases in the journals recording successes and modified methods. Yet even here there are some unfamiliar points that may be considered. For

instance, the following is a fairly common clinical type. A man in the early fifties presents himself with the usual history suggestive of enlargement of the prostate. On examination, a catheter passes with ease; there is perhaps an ounce or two of residual urine. On rectal examination, no enlargement of the prostate is felt. How is a certain diagnosis to be arrived at? In one way only; by examining the neck of the bladder with the cystoscope. It is quite easy to obtain a view, and in a large genito urinary clinique, it is astonishing how many cases are seen in which all the enlargement is intra-vesical, while nothing abnormal can be detected through the rectum. In most of these the projection will be found behind the neck of the bladder as a rounded deep cherry-red knob—the middle lobe of the older writers. Where the enlargement is general, the projection is often trilobed, heart shaped in front, with a groove on each side separating it from the posterior median swelling.

There are many other points to be learnt by the cystoscope in prostatic enlargement. The condition of the bladder wall is a good criterion of the obstruction; if much trabeculated, or if saccules are developing, the difficulty is probably considerable, and a radical operation is desirable. The ureteric orifice is sometimes difficult to see, and care must be taken not to mistake an early sacculus for it. When seen, it is generally quite normal; no amount of obstruction seems to alter its external appearance. The post-prostatic pouch should also be carefully explored. It will need long and careful washing to remove all the mucus and phosphatic *débris* in cases where there has been residual urine for some time, but it should be remembered that this is a common situation for a stone, and that such stones are often particularly difficult to strike with a sound. In cases where a stone is present, its removal need only be an incident in the radical operation, provided the bladder can be got fairly clean. In severe septic cystitis it may occasionally be necessary to remove the stone and to drain the bladder for a week or two before removing the prostate. Where prostatectomy is refused, or deemed inadvisable, litholapaxy may be done if the kidneys are healthy, but entails more risk than the suprapubic operation. The diagnosis from carcinoma of the prostate needs to be made, and in early cases is sometimes difficult. Pain is a suspicious symptom, though it is often absent until the later stages in well-marked carcinoma. Hardness suggests malignancy, which a craggy, irregular enlargement, which is fixed, tender, and involves glands, leaves no doubt of the diagnosis. The glands most often involved are those in the hollow of the sacrum, the iliac, lumbar, and eventually the inguinal and femoral sets. Bleeding may occur, but is not often a marked symptom, while the course of the case is sometimes prolonged over several years in moderate comfort. There is often early and absolute retention, making the patient wholly dependent on the catheter. As to the operation there is not much to say—only a caution against cutting instruments in dividing the mucous membrane, as the wrong line of cleavage may be struck by cutting too deep; and also against following the advice of some authorities, to begin by tearing the mucous membrane *behind* the median lobe. It is not impossible by this method to get outside the sphincter; the best place to begin is just within the urethral orifice. If this is done, there is nothing but the mucous membrane to tear through, and the finger working outwards must of necessity pass inside the sheath of pelvic fascia as it is reflected from the prostate on to the bladder wall, and less of the mucous membrane is removed. In the matter of after-treatment, the surgeons at St. Peter's Hospital seem to have abandoned all attempts at syphon-drainage, and use simply a wide tube cut off flush with the skin. The dressings are changed every three hours, the tube is removed after four days, and no instrument is passed for a fortnight, the wound being simply flushed out through the suprapubic opening as long as the fistula persists.

GENITO-URINARY TUBERCULOSIS.

This is a subject dear to the pathologist, who regards it as the thin end of the wedge to be driven between clinical surgery and infective disease. Naturally enough, too, for nowadays the surgeon is mainly occupied in marking time and reporting progress, while cases that did uniformly badly when operated on get better on a régime of tuberculin injections. The main difficulty is the diagnosis, especially where there is tubercle of one kidney without a palpable tumour. Pain accompanying pyuria is hardly sufficient to localize the disease, as it may be referred; and even a tumour must be regarded with suspicion—is it not recorded that a healthy kidney which had undergone compensatory hypertrophy has been removed, and a bag of pus left behind on the other side? The only way to be sure is to wash the bladder clean, and see the ureteric orifice. Even in the early stages pus will be seen issuing from the ureter, or can be squeezed out on pressure over the kidney. Further, if infection of the ureter has occurred, the mucous membrane may be prolapsed, looking like the sleeve of a coat, or there may be ulceration and granulation around it. In late stages, the orifice is pulled up and back, and is seen as a rounded black pit, aptly likened to a golf hole, with a tense band of mucous membrane below it. This is a sign of thickening and shortening of the ureter, and while most common in tubercle, is seen in pyelitis and pyonephrosis due to other causes, such as calculi.

A healthy ureteric meatus on the opposite side may be taken as good enough evidence that the kidney is sound in cases where nephrectomy is contemplated. This is rather a rash assertion, perhaps; but it is obviously better evidence than the inspection or palpation through a lumbar incision that is often recommended, while it is unjustifiable to pass a ureteric catheter through an infected bladder into a presumably healthy ureter and pelvis. Of course the separator may be used, and the urine from each kidney collected separately and examined; but the test is often impossible on account of the secondary ulceration of the bladder wall, and no doubt this method also has its fallacies.

Tuberculosis of the bladder does not generally give

rise to much difficulty in diagnosis. The irritability is intense, micturition occurring perhaps every ten minutes, and the urine swarms with tubercle bacilli. There is pus in the urine and there may be blood. Cystoscopic examination is difficult, as though it is fairly easy to wash the bladder clear, it is very difficult—often impossible - to distend it. The most usual event is that some three ounces can be got in, and even that can only be held a very short time. A view can thus be obtained—a sort of snapshot vision of ulcers, pale granulations, and perhaps bleeding points. If the bladder is more tolerant, or if a general anæsthetic has been given, the ureteric orifice can be examined. This is important, as many of the cases are secondary to kidney tubercle, ; in other cases, again, evidence of ascending infection of the ureter may be obtained.

The results of injections of the new tuberculin on vesical tuberculosis are remarkable. As a considerable number of cases are treated at St. Peter's, and there is no pathologist available, the indications are purely clinical. That is to say, injections are given once a fortnight ; if the cases do well, the inoculations are continued ; where they do not seem to improve, or feel seedy after the injections, they are discontinued for a while. Since Dr. Wright's work has been public property, the dosage has been greatly reduced, and $\frac{1}{1000}$ or $\frac{1}{800}$ is the usual dose. The improvement is often extraordinary, the patient soon being able to hold his water two or three hours in the day, and perhaps not being disturbed more than once at night. At this stage cystoscopy becomes easy, and is a useful index to progress, though it should not be used too frequently. The scars of ulcers are often seen, and the extent of active disease can be exactly estimated. A watch must be kept for signs of kidney infection, and the cases must be kept in sight after apparent cure, as relapse is not unfrequent. But the relief is so great as to make older methods, such as cystotomy for drainage or local treatment, unjustifiable until tuberculin has been tried.

SOME USES OF CYSTOSCOPY.

It has been taught for a long time now that the diagnosis of stone in the bladder is by the sound. Still there are many cases when it is not easy to be sure ; cases when the stone is small, such as a renal calculus that has passed into the bladder and been retained there ; cases of stone behind an enlarged prostate ; others, again, when the stone is just missed with the sound, and no particular excuse can be urged. Several of the latter class have come within my personal experience. In all these cases the stone was easily seen by the cystoscope. Additional points ascertained were the presence or absence of cystitis, the presence of more stones than one, and their size. An intravesical projection of the prostate can also be made out. Small stones found in this way, especially retained renal calculi, can often be washed out with an evacuator without a general anæsthetic, and this is always worth trying. It is well, too, to examine the bladder a few weeks after a litholapaxy, to be certain no fragments have been left, though it is only in cases where bleeding has occurred that there is much doubt. With clots in the bladder, it is impossible to be sure.

In the diagnosis of pyelitis and of renal hæmaturia the cystoscope is indispensable. In the latter case there is often some difficulty in catching the case bleeding, though, if a renal calculus is present, palpation of the kidney under an anæsthetic will usually produce a little blood. I remember a case under Mr. Low's care in the Hospital, in which the diagnosis was made in this way, and the stone subsequently removed. The hæmaturia of growth is often quite symptomless, and probably many cases could be diagnosed earlier by the cystoscope than by any other means, so that operation could be undertaken with a fair prospect of success.

Again, in growths of the bladder, there is no other method of making an early and an exact diagnosis. The cystoscopic difference between papilloma and cancer is well-marked. The former is usually seen as a sub-sessile tumour, rather like white coral ; the long sea-weed like filaments described in books are particularly rare. The most common site is near the ureteric orifices, an unfortunate fact which usually puts excision and suture out of the question. In epithelioma the appearance is of an ulcer with raised edges, often with bleeding points and phosphatic incrustation, the latter giving the surface a dead-white colour. The greater irritability, severe cystitis, and more constant though less copious hæmorrhage makes the distinction clear ; indeed, the diagnosis is from stone in the bladder with cystitis rather than from papilloma.

It only remains for me to express my best thanks to Mr. John Pardoe for permission to use his cases, on which these discursive remarks are, in the main, based.

Medical Society.

At a meeting on March 7th, Mr. Rous shewed a case of alcoholic neuritis, and a case of cerebal tumour.

Mr. Carmalt-Jones read the paper of the evening, "Some points in Hysteria." In the course of the paper he dicussed the nature of the disease, and the symptoms and the differential diagnosis. A long discussion followed, in which Drs. Harris and Broadbent, and Messrs. Ash, Rous, Miller and others took part.

At a meeting held on March 14th, 1906, Dr. Langmead shewed a case of tetany in a child from Great Ormond Street Hospital.

Dr. Langmead read the paper of the evening, on "Posterior Basic Meningitis in older children." The author discussed the bacteriology of the disease, and compared the symptoms with those of cerebro-spinal meningitis. As regards treatment, iodides had been used with success. The paper was enthusiastically discussed.

At the Special Annual Meeting held March 14th, the following were elected Officers of the Society for 1906-7 :—*President*, Mr. Leslie Paton ; *Vice-Presidents*, Dr. W. H. Willcox, Mr. Maynard Smith, Dr. F. S. Langmead, Dr. B. H. Spilsbury ; *Hon. Secretaries*, Mr. E. H. Kettle, Mr. C. E. Redman ; *Council*, Messrs. F. A. Juler, M. F. Kelly, K. A. Lees R. H. Miller, C. A. Pannett, J. B. Rous.

Notes.

This number of the GAZETTE is sent out to all old St. Mary's men whose addresses are available, and it is hoped that some who are not subscribers may be induced to send in the requisite yearly five shillings, and help to support an institution which we believe serves a useful purpose in the corporate life of our School.

Another object worthy of strong support from all old students is the Students' Cot Association, whose claims we wish to again bring prominently forward. Many former students who were unable to respond to the appeal recently made for the Clarence Wing Fund may well take out a guarantor's or associate's card for the Association, the former of which binds them to collect a pound in a year, whilst the latter carries no guarantee. Some time back we received a proposal from a former Resident officer to found a Residents' Cot, which met with some little support, and we would suggest that men who are grateful for the start in professional life that a resident appointment here afforded them should do something to support this movement. Mr. Matthews, the School Secretary and Hon. Treasurer of the Association, will be very pleased to receive applications for cards.

We hope before very long that the Cot will be a tangible reality, and if the authorities approve of Mr. Wills' striking design for it, it will also be a very handsome one. We wish to remind present students that Associates' Collecting Cards are now available for this year, and are ingeniously calculated to cajole small subscriptions from their available friends.

The Summer Session will this year begin a week earlier than is usual, viz., on April 24th.

A highly successful tea-party was held by the Ladies' Working Association in the New Wing, on April 4th. No less than 935 articles including dressing and theatre gowns, bed jackets, and sheets, blankets, towels, etc., were shown by the ladies who show such untiring energy in the interests of the hospital and its inmates. We had no special reporter present, but indeed the proportion of mere men was, we understand, very minute, though rumour has it that at *Lees*-t one bold student distinguished himself with a cake and carving knife.

An announcement was made at the meeting which will be received with much regret by many generations of St. Mary's folk: it is that Miss Medill will, in six months' time, resign her office of Matron, which she has held with such conspicuous ability for the last 21 years.

We know that the Matron feels her approaching separation from active work for St. Mary's very deeply, but no more deeply than St. Mary's will feel the loss of such an old and trusted friend. We are glad to hear that it has been decided to organise a testimonial to commemorate Miss Medill's long service.

The daily papers have been bearing their usual good crop of medical sensations lately, but it is with some pain that we read a recent column in the erstwhile temperate "Standard." We here reprint a few sentences. It has four headlines in different thickness of type, viz., "THE SURGEON —'TWIXT MAN AND DEATH—A GREAT ARTIST AT WORK." The article describes an operation in a London hospital, which "has its own atmosphere, a faint and pungent aroma of antiseptic chemicals. There is a sober hush on the place." Quite so, "Mr. ——, wanted in Albert"! In the theatre "Four or five nurses have been at work for some six hours preparing every detail." A well staffed hospital, this. Now for the gem. "A nurse (!) sits at the patient's head, and begins to administer the anæsthetic." This lady, under the engaging title of "Anæstheticist," is the subject of a good deal of the writer's attention. The surgeon in his gown "irresistibly suggests a bishop." We have no space for all he does, but he shortly is referred to as a "high priest," and really he deserves it, for we learn that "within twenty minutes he has explored the

patient's interior mechanism, found a something that clogged it, removed that something, cleansed the machinery, and sewn up the incision." Smart work, this, but when he really gets into his stride, "Four duels, with death as protagonist, does he fight that afternoon, in the dizzying fume-laden atmosphere, under concentrated pressure." And so we leave him with one word of gratitude to his author, that although the attendant nurses are inevitably "soft-footed," for once they are not made to "flit about." But *what* a pity this sort of stuff is so freely ladled out and so eagerly swallowed.

We have received several answers to our advertisement for a good story, one being from Colonel Giles, I.M.S., a frequent contributor to the *Journal of Tropical Medicine*. He sends an extraordinary printer's error in a proof for that paper. He was writing in an editorial note of "a breeze that will blow the papers off one's table," and it turned up "will blow the vapours off one's teeth." He has our sympathies; we cannot equal this from our own collection.

Another is from a correspondent who must be anonymous, though we have a shrewd suspicion from internal evidence that his tastes lie towards the scalpel rather than the stethoscope. We have good guarantee that the story is an absolutely true one; it runs as follows:—

A little more than a quarter of a century ago there was a firm of musicians whom I will call—so that their names may not be recognised—HOOT and TINNY. These gentlemen had a band of very accomplished performers, and every dancing man in the sixties and seventies esteemed them highly. One of the two partners began to fail in health, and as his general practitioner did not seem to be making much headway, he suggested that a hospital physician should come down and see him in consultation. So it was arranged that Dr. "Cockles" should be called in. As a matter of fact this gentleman's name was not Cockles, but it is near enough to be suggestive. The consultant had an honest, straightforward way of saying just what was uppermost in his mind. So, having placed his stethoscope over the patient's heart, he said to the practitioner, "Why, he has got a *musical murmur*"! I do not know what the prescription for this sort of murmur was, but I expect that it contained digitalis, if anything, for digitalis was very much used then.

When the consultant had left the house the patient's wife complained to the practitioner that she thought the physician had shown very bad taste in making reference to her husband's business when describing the murmur, and she was appeased only after reiterated assurances. Soon after this the lady became a widow. The physician had done his best.

Years rolled on, as the novels say, and the music business continued to be carried on by the lady in conjunction with her late husband's partner. But one day she was taken desperately ill, and the faithful general practitioner became very anxious about her. In his anxiety he urged that a consultant should at once be called in, and, in answer to the question as to who it should be, he somewhat apprehensively named the gentleman who had seen her husband in his last illness. After some hesitation the lady said, "Yes; perhaps, *after all*, we may as well have him."

When Dr. "Cockles" came down the general practitioner told him of the "musical murmur" incident, and begged him to be more guarded on this occasion, as, unconsciously, he had a good deal annoyed the lady on the former occasion. The consultant took the reproof very kindly and promised to be on his best behaviour. So he listened patiently to the doctor's account of the sudden attack of the vomiting. He heard the lady detail her symptoms; he gently turned down the bedclothes, and he inspected and palpated the lady's tumid abdomen. After a very careful and thorough examination he turned to the doctor, who was on the other side of the bed, and blurted out, "I feel sure that the lady has a *band*!" "And if I have," indignantly ejaculated the lady, "What is that to do with you?"

Of course there is a moral to this story, but each reader must draw his own. The moral which I personally would draw is, that in all cases of acute intestinal obstruction a surgeon should be called in consultation rather than a physician.

If there is one department of which St. Mary's may well be proud it is the Pathological. Not only has the work done therein gained a world-wide recognition, but the accommodation and equipment are well worthy of that work. The old inner room of the museum on the upper gallery has been reconstructed as a bacteriological laboratory, and will greatly add to the working capacity of the department. On the side of morbid anatomy we should like to congratulate Mr. Spilsbury on the many beautiful specimens he has recently secured, and we look forward to the time when the Kaiserling preparations shall far outnumber the spirit ones, though many of the latter will always remain of the utmost value.

With regard to sports our April number is always "betwixt the lights." Beyond a

belated set of characters for the Rugby XV., to whom we wish better luck next year, and a few lines from the Cricket and Tennis Clubs, we have nothing to chronicle, but trust that the cricket team will afford us much matter of interest during the summer. One thing we ought to look up in, and that is in Athletics, and if men will only begin to train early we might send in a decent Sports team to Stamford Bridge for the U.H.A.C. meeting.

A new appointment for unqualified men has been instituted, that of Clinical Assistant to the several in-patient physicians and surgeons. The six new posts will be held for two or four months, and their holders, who must have done their dressing and clerking, will attend their chiefs at their visits, and carry out any special investigations required. The appointments will count for three times as many marks in the exams. for resident posts as do the compulsory ward appointments. We are not confident that men who wish to get qualified in the minimum of time will find themselves able to take these posts, but if they induce their holders to spend an extra six months at clinical work before taking their final examinations, they can be productive only of good results.

Miss Emily Lawday, who was trained at the City Road Ophthalmic Hospital, has been appointed acting sister in the eye wards.

We are informed by Dr. F. C. Lewis, of 72, Seymour Street, W., who is general referat for England of a new German publication, "The Hygienisches Centralblatt," which will contain summaries of all recent work on Hygiene, that he will be pleased to receive and insert papers on any branch of the subject by St. Mary's men. The reports will. of course, appear in German; the publication seems likely to prove useful and widely read.

With this number the present editor lays down his official pen after four years' work in connection with the GAZETTE, owing to the inevitable separation from his Alma Mater that the great majority of us have to face at some time. Mr. R. H. Miller has kindly consented to officiate until the end of the School year, and to him and his more permanent successor he wishes a pleasant term of office and the continued loyal support of both contributors and subscribers.

Owing to the Easter holidays falling just about our usual day of publication, this number of the Gazette is unavoidably delayed in its appearance.

Revenge at Last!

An event has occurred which, were we of the daily type of journal, we should feel constrained to celebrate in triple-leaded headlines, but its more sober announcement in these columns will not mitigate the joy it will bring to many former residents who read these words. A Nemesis, in the person of our Medical Superintendent, has literally fallen upon one of those gentry who regard the Residents' wardrobes as fair game for the replenishment of their own. The hero of the tale, on a fine spring afternoon, discovered in his apartment a stalwart rascal whom he had seen that morning cleaning his windows; although the stranger declared he was still cleaning the windows, he was ordered out in tones that we know may be on fit occasions peremptory; but the matter did not end here, for assuming the rôle of Sherlock Holmes, our gallant Superior tracked him down the stairs, and was rewarded by seeing the cleaner of windows and wardrobes break into an agitated trot on nearing the porter's lodge. The hunt was up, the game afoot, and calling the mighty Kirby to his aid, an enraged Superintendent precipitated himself on his quarry, and brought him down in Cambridge Place in front of an admiring audience of Wednesday afternoon visitors. We are told that our only Charlie Singer, who has hunted the lion in his Abyssinian lair and happened to be passing *en route* for Penang, assisted in administering the *coup-de-grâce*. The prisoner was then discovered to be wearing a suit removed from his captor's cupboard. and when asked if he had anything to say for himself, remarked "It's a fair cop this time." He then playfully presented two pawn tickets for silk wrappers that had been previously missed from the same room. This enterprising collector (who it appears has recently done six months) was found to possess tickets for many other articles of clothing, and is now awaiting his trial at Quarter Sessions, and the Medical Superintendent is rewarded for his vigorous action by a *subpœna* as a witness. However, the Editor begs to express in the name of many former victims (of whom himself was the latest) a warm expression of thanks to him who so resolutely avenged the loss of their property, and struck so shrewd a blow in the cause of justice.

A Vision of Cram.

(With respectful acknowledgments to the genius of Mr. W. S. Gilbert. *Air*—The Dream Song in "Iolanthe.")

When you've finished your cram for the M.B. exam.
That is held at South Kensington, London,
Which has not started yet, but ere next sun has set
Of it's papers you know you'll have one done.
(I should have said two, but that rhyme wouldn't do,
And I always think Rhyme more important
Than Reason, though you Who prefer what is True
To what's Pretty, may say that I oughtn't !)
It is three in the morn and you're very forlorn
As your couch you are wearily seeking,
After many last looks into many vast books
You retire, with your cerebrum reeking.
As you lay on your bed your poor muddled head
You sleep, when a vision most gloomy
Comes your slumbers to mock and your feelings to shock,
Of which you shall hear a *résumé.*
On a Nightmare you ride
With a Bug for a guide,
Who seems very merry to see all
Your efforts to hide
In a hole you have spied—
A snug pouch retroperitoneal,
And you're terribly sad,
As you always have had
A doubt what that Bug likes to grow on,
And whether he Grams
(A great point in exams.)
His gas-forming habits, and so on.
You accordingly ask,
But he takes you to task
On his private affairs for intruding,
And he bids you look round
At a neighbouring mound
With a mole hydatidily brooding.
She is deaf, dumb, and blind,
But you speedily find
That in physical signs she is talking
To a Pale Spirochæte
Whom she's met in the street,
Where by this time you find yourself walking.
So you scurry along
And are met by a throng
Of vague Horrors all ending in -itis.
And each one you name,
But find to your shame
That no single guess of yours right is.
Since you can't diagnose
These implacable foes
From your path you impatiently shove 'em,
And offer a bribe
To a Cephalotribe
Who is munching a young Peter's Ovum.
You whisper, "Come here,
See these creatures, don't fear
To destroy them by Cephalotripsy."
But he answers, "Avast,
I'm a Cranioclast,
And I'm perfectly certain you're tipsy !"
You feel ready to swoon,
But glance up at the moon,
And remark—'tis the truth I am telling—
That her atrophied disc
Shows a hæmorrhage brisk
And some thirty diopters of swelling.
Then a murmur is heard—
To the crowd its referred—
Like a dynamo out for a frolic,
And the dream—things deride,
For you cannot decide
If it is, or is not, presystolic.
Then a cry rends the air.
'Tis a baby's, you swear,
And it causes a pain most appalling,
For with horror you find
You cannot call to mind
All the ninety-nine causes of squalling.
To keep the brat quiet
You think out a diet
Rich enough for a prize-show to fat a bull.
And you order it drugs,
But the chemist chap shrugs
Up his shoulders and screams "Incompatible."
Then you bolt down a drain
To an Underground train,
And you feel for yourself what a thrill is,
As for hundreds of years,
At least so it appears,
You are whirled round the Circle of Willis,
Till you nearly expire
For the air you require
Is all used, but you stop at a station
And they scold you because
You've forgotten the laws
That should regulate good Ventilation.
And to punish you well
In stern accents they tell
You to amputate through your fore-quarter.
And you're thinking about the incision, when out
Of the Void comes a cry of "Hot water,
And you're horribly late for it's just half-past eight
And you told us to wake you at six, sir !"
So you spring from your bed with just such a head
As is his who of drinks was a mixer.
Then you hastily dress in the utmost distress
And your breakfast you snatch, and you hurry to catch
A packed train where perhaps you hang limply from straps,
Get to South Kensington with your temper quite gone,
Reach the Hall of your fate very nearly too late,
With your courage each moment a-dropping.
Take ten minutes to find the desk they've assigned
You, and what happens then is too sad for my pen
To describe, so I think I'll be stopping.

J.B.R.

St. Mary's Hospital Cricket Club.

The annual meeting was held on Thursday, March 8th. The President, Mr. W. H. Clayton-Greene was in the chair.

The following officers were elected :—

Captain, H. L. Barker; *Vice-Captain*, E. W. Archer; *Committee*, J. J. Louwrens, E. W. Squire, F. St. B. Wickham. Some difficulty arose in choosing a secretary, and it was finally settled in committee on the following day, A. G. H. Lovell consenting to act.

SEASON'S PROSPECTS.

It is by no means easy at this early date to forecast the strength of the XI. During the winter the usual rumours reached us that several first-rate men had joined the School, but their proper value remains to be seen.

At any rate, Louwrens and Ollerhead are still with us, which somewhat relieves our anxiety as to the run-getting capacity of the XI. Unless, however, the seven-years' rule is made and applied at once, they will not be able to help us in the cup-tie.

The ground at St. Quintin's Park will be open for practice on Tuesday, April 24th. The exclusive use of two nets and the services of a professional bowler have been arranged for. It is probable that a scratch match will be held with a view of finding likely men and allotting to them their rightful places in 1st or 2nd XI.'s. Eleven 1st XI. fixtures have been made, which is two more than last year. Seven 2nd XI. fixtures have also been arranged. This is almost a new departure. It was thought, however, that the great advantages accruing from a ground practically our own would result in greater keenness all round, and we venture to think that men will turn out in sufficient numbers to keep a regular 2nd XI. going. A greater number of matches for the 2nd XI. will be arranged if required. We would point out that, even if a man has never played before, there is every reason why he should begin. A great deal of cricket can be learned in from three to five years, though unfortunately very few realise this fact.

Mr. Morton Smale has again very kindly invited us down to Henley on June 30th to play the Past, and we do not doubt that this fixture will prove as enjoyable as ever.

"Characters" of the Rugby XV. 1905-6.

J. H. Burdett (*full back*).—A very useful back, who should improve a lot next season. An excellent kick.

G. A. Batchelor (*wing three-quarter*).—His pace and dash are invaluable in attack. Combines beautifully with Taylor.

W. R. Taylor (*centre three-quarter*).—Clever in attack. Thoroughly understands centre play. Weak in defence. His keenness has been of great service to the Team and Secretary.

F. A. Juler (*centre three-quarter*).—Good in attack, running straight Has a peculiar and very effective method of saving forward rushes.

E. D. Anderson (*wing three-quarter*).—A great success against St. Thomas'. Plenty of pace and dash. Has not yet learnt to tackle.

J. J. Louwrens (*half-back*).—His services to Mary's Rugger for the past five years cannot be easily estimated. He has done much and said little. If not so good as formerly, is still judged by his own standard.

A. R. Littlejohn (*half-back*).—His knack of getting up speed immediately and running straight makes him very dangerous in attack. Rather weak in defence.

C. T. Hawkins (*forward*).—When fit and keen a really good forward. Particularly skilful where most of the team fail in the art of quick and hard tackling. Better in the open than in the scrum.

J. Freeman (*forward*).—Improved the pack immensely by his tremendous energy. A great worker and more efficient in the open than some of the more skilful forwards.

C. G. Galpin (*forward*).—With Freeman and Finlaison, revels in the scrum. Excellent at the line out. Still plays better when roused.

K. A. Lees (*forward*).—Has come on immensely. Uses his head, and is not afraid to avail himself in the open of thirteen stones.

H. E. Finlaison (*forward*).—One of the best forwards. Particularly good in the scrum. A hard worker and keen tackler, recalling Bryden.

T. Evans (*forward*).—Perhaps the cleverest forward. Uses his feet and hands equally well. Always up.

W. D. Hopkins (*forward*).—With more experience should develop into an excellent forward. Uses his head and has plenty of dash.

C. M. Wilson.—An excellent Secretary, who has done great work in keeping the team together. A typical Irish forward, untiring, and one of our few tacklers. (C. T. H. & W. R. T.).

H. L. Barker (*half-back*).—With constant practice should make a good scrum half. Very plucky, but rather light.

St. Mary's Hospital Lawn Tennis Club.

The Annual General Meeting was held on March 15th, with the President, Dr. Caley, in the Chair. Three new resolutions were unanimously carried. 1. That at least two members of the Committee shall represent the Medical School. 2. That there shall be one or more Vice-Presidents of the club elected annually. 3. That a captain shall be elected annually. The following officers were then elected for the coming season :—*President:* Dr. H. A. Caley. *Vice-Presidents*: Dr. N. H. Alcock, Mr. C. I. Graham, and Mr. B. H. Spilsbury. *Captain:* Mr. A. R. Littlejohn. *Hon. Secs.:* Messrs. A. H. Thomas and F. H. Fawkes. *Committee:* Messrs. Hopkins, Goh, Quirk, Tyrrell, Hare, and Martin.

The following fixtures have been arranged for the ensuing season :—

May 12th St. Thomas' Hospital II. .. at Chiswick Park.
„ 16th St. Bartholomew's Hospital „ Wormwood Scrubbs.
„ 19th University College Hospital „ Acton.
June 2nd St. Thomas' Hospital II. ... „ Wormwood Scrubbs.
„ 6th St. Bartholomew's Hospital „ Winchmore Hill.
„ 9th University College Hospital „ Wormwood Scrubbs.
July 7th Chiswick Park L.T.C. ... „ Chiswick Park.

A Past *v.* Present match is also being arranged.

Reviews of Books.

THE THEORY AND PRACTICE OF MEDICINE. By Frederick T. Roberts, M.D., F.R.C.P. London: H. K. Lewis. 2 vols. 26/- net.

The present edition of this work forms a valuable text-book of Medicine. and the great clinical experience and knowledge of the author is a sufficient guarantee of the reliability of the information contained in it.

The first volume contains a useful but brief account of general pathology, which would perhaps be better studied in a special work on pathology. Afterwards the different diseases are dealt with in detail. The accounts given are good and accurate so far as they go, but there are many points which are not mentioned, or insufficiently dealt with. Thus in a work of this scope we should like to see statistics relating to important diseases; for example, mortality rates, the frequency of occurrence of complications, &c. Generally speaking, this kind of information is conspicuous by its absence.

Under Gastric and Duodenal Ulcer there is no reference to the great value of the test meal and the analysis of the gastric contents as giving one of the most important indications in the diagnosis of doubtful cases. Under Gastric Carcinoma there is no accurate information as to the composition of the gastric contents.

In the brief article on the Thymus Gland there is no reference to the important condition of "Lymphatism" associated with its enlargement, which has been recently described in detail by foreign observers, and which is of great importance owing to the frequency of deaths in this condition from shock or anæsthetics.

Again, the new method which has been recently extensively introduced in this country of treating disease by appropriate inoculation of "vaccines" is hardly mentioned. For example, under Tuberculosis and Gonorrheal Rheumatism there is no mention of this valuable measure. There is no mention in the work of the importance of the determination of the opsonic power of the blood as regards the particular organism in cases of disease caused by it.

SANATORIA FOR CONSUMPTIVES. By H. Rufenacht Walters, M.D., M.R.C.P. London: Swan Sonnenschein & Co. 1905.

This work will be a very valuable one for the medical practitioner. In it he will find a detailed account of the principal sanatoria for consumptives, and he will be in a position to form an opinion as to the respective merits of the different institutions. Thus a medical man after a study of this treatise could with confidence advise a patient as to the sanatorium likely to prove most beneficial to his particular case.

The volume is intended as an unofficial directory of existing sanatoria for consumptives, giving a brief reference to all but the smallest, and as far as possible a more detailed description of the more important, together with an epitome of the principles of sanatorium treatment. It is based upon original information obtained from medical officers and others attached to these institutions, which has been carefully compared with published descriptions, and in many cases checked by personal visits.

Part I. (General) deals with the suitability of site and climate, and the proper types of building construction, and also the mode of administration of sanatoria.

The principles of treatment are dealt with in a general way, including diet, exercise, precautions against infection, and so on.

We note that there is no reference here to the examination of the blood of patients with a view to the determination of the opsonic index of the blood for tubercle bacilli, though we believe that in a few of the most advanced sanatoria blood examinations are made at definite intervals during the stay of the patients, and thus a very important indication of the progress of the patient is obtained.

The treatment of consumption by means of Tuberculin inoculations is not mentioned; but possibly this is purposely omitted as it has not yet been shown that this method of treatment is advantageous in pulmonary tuberculosis.

Part II. is descriptive. Very valuable information is given as to sanatoria, including the accommodation, medical attendance, charges, &c. This part of the work is written in an interesting way, and is illustrated by numerous photographs and plans.

Book Received for Review.

THE MEDICAL ANNUAL FOR 1906. Illustrated. Bristol. John Wright & Co. 7/6 net.

Samples Received.

HYGIENOL. A new Dentifrice. The Hygienol Company, 30, Burrows Road, Kensal Rise, W. 1s. per tin. Of this excellent tooth-powder we can speak in the highest terms; it deserves wide recommendation. It is extremely light and fine in grain, has a pleasant aroma, is slightly but not aggressively saponaceous, and leaves a very refreshing flavour in the mouth. It is an effective tooth cleanser, and is well worth a trial.

"XAXA" Tabloids. Gr. v. Messrs. Burroughs & Wellcome. A tabloid preparation of pure acetylsalicylic acid, which may safely be given when that useful drug is indicated. We tested the sample sent, and found it to be effective.

Appointments.

COPE, V. Z., M.B., B.S.Lond., House Surgeon to Mr. Herbert Page.

ISAAC, LEONARD, B.C.Camb., L.R.C.P., M.R.C.S., Honorary Anæsthetist to the Swansea Hospital.

RUNDLE, C., M.D.Lond., L.R.C.P., M.R.C.S., D.P.H., Medical Superintendent City Hospital, Fazakerley, Liverpool.

Change of Address.

ISAAC, LEONARD, B.C.Camb., L.R.C.P., M.R.C.S., Mansel House, Swansea.
LINDSEY, E. C., L.R.C.P., M.R.C.S., Fort Hall, British East Africa (Colonial Medical Service).

TELEPHONE NUMBERS.

Havell, C.G., M.D.Durh., L.R.C.P., M.R.C.S. (Teleph. 38 Felixstowe).
Hopkins, J., M.R.C.S., L.S.A., L.R.C.P.Edin, (Teleph. 17 Y Southend).
Hunt, E. R., M.D., B.C.Camb., L.R.C.P., M.R.C.S. (Corp. Teleph. 1023, Nat. 166 X).
Hutchinson, G. A., L.R.C.P., M.R.C.S. (Teleph. 440 Waterloo).
Lawrence, H. G., M.D.Durh., L.R.C.P., M.R.C.S. (Teleph. 12 Tavistock).
Lewitt, Fred. Wm., M.D.Durh., L.R.C.P., M.R.C.S. (Teleph. 04210 Leicester).
Lindsey, C. D., M.D.Lond. (Teleph. 19 X Mutley).
Maurice, J. B., M.D.St.And., F.R.C.S. (Teleph. 019 Marlboro').
Maurice, O. C., L.R.C.P., M.R.C.S. (Teleph. 2 Marlboro').
Moir, G. C. A., F.R.C.S.Edin., L.R.C.P., M.R.C.S. (Teleph. 579 Bootle).
Newling, H. T., L.R.C.P., M.R.C.S. (Teleph. 3 X Paignton).
Phillpotts, H. M., L.R.C.P., M.R.C.S. (Teleph. 25 X 2 Torquay).
Raven, H. M., L.R.C.P., M.R.C.S. (Teleph. 0123 Broadstairs).
Slack, P., L.R.C.P., L.R.C.S.Edin. (Teleph. 150 Rotherham).
Smellie, J. C., M.B.Lond. (Teleph. 32 X Southend).
Smith, J. P., L.R.C.P., L.R.C.S.Edin. (Teleph. 66 Lowestoft).
Sprague, F. H., L.R.C.P., M.R.C.S. (Teleph. 263 Gloucester).
Steen, R. H., M.D.Lond. (Teleph. 57 Dartford).
Sworder, E. G., M.B., B.C.Camb., L.R.C.P., M.R.C.S. (Teleph. 154 Folkestone).
Vickers, J. B., L.R.C.P., M.R.C.S. (Teleph. 2 X Yarmouth).
Walker, A. W. H., M.D.Brux., L.R.C.P., M.R.C.S. (Teleph. 56 Harrogate).
Watson, A. J., L.S.A. (P.O. Teleph. 1221 Hampstead).
Wells, L. T., L.R.C.P., M.R.C.S. (Teleph. 217 Wakefield).

Pass Lists.

UNIVERSITY OF OXFORD.

Degree of M.B. and B.Ch.—H. H. Baker. B.A., C. J. Singer, L.R.C.P., M.R.C.S.

UNIVERSITY OF CAMBRIDGE.

Degree of M.B. and B.C.—T. L. Drapes, L.R.C.P., M.R.C.S.

The Services.

ROYAL NAVY MEDICAL SERVICE.

Surgeon S. H. Facey, L.R.C.P., M.R.C.S., has been appointed to H.M.S. Pembroke for disposal.
Surgeon A. S. Bradley, M.B., B.C.Camb., has been appointed to H.M.S. Crescent.
Staff-Surgeon H. E. Fryer, L.R.C.P., M.R.C.S., has been appointed to H.M.S. Tyne.

ROYAL ARMY MEDICAL CORPS.

CHANGE OF STATION.

Captain B. F. Wingate, L.R.C.P., M.R.C.S., from Eastern Command to Dover.
Captain R. L. Argles, L.R.C.P., M.R.C.S., from York to Newcastle-on-Tyne.
Captain C. H. Straton, L.R.C.P., M.R.C.S., from Meerut to Eastern Command.
Captain P. S. Lelean, F.R.C.S., from Southern Command to Portsmouth.
Captain H. B. G. Walton, L.R.C.P., M.R.C.S., from R.A.M. College to Southern Command.
Lieut. H. G. S. Webb, L.R.C.P., M.R.C.S., from 1st (Peshawur) Division to 3rd (Lahore) Division, India.
Lieut. J. M. B. Rahilly, M.B., B.S.Lond., L.R.C.P., M.R.C.S., to Aldershot.
Lieut. E. G. Anthonisz, L.R.C.P., M.R.C.S., to Netley.
Lieut. G. E. Ferguson, L.R.C.P., M.R.C.S., to Aldershot.
Lieut. R. A. Bryden, L.R.C.P., M.R.C.S., to Aldershot.

The undermentioned Lieutenants are confirmed in that rank, viz. :—

Lieut. John M. B. Rahilly, M.B., B.S.Lond.
,, George E. Ferguson, L.R.C.P., M.R.C.S.
,, Edward G. Anthonisz, L.R.C.P., M.R.C.S.
,, Ronald A. Bryden, L.R.C.P., M.R.C.S.

The undermentioned gentlemen to be Lieutenants on probation, viz. :—

Clive Thornley Edmunds, L.R.C.P., M.R.C.S.
Valentine Goode Johnson, L.R.C.P., M.R.C.S.
Arthur Herbert Bond, L.R.C.P., M.R.C.S.

RETIRED PAY POST.

Major J. P. S. Hayes, L.R.C.P., M.R.C.S., has been appointed to Gravesend.

PROMOTION EXAMINATIONS.

Military Law for rank of Captain—Lieut. O. Ievers, M.B.Lond., L.R.C.P., M.R.C.S.
Military Law for rank of Captain—Lieut. H. H. J. Fawcett, L.R.C.P., M.R.C.S.
Military Law for rank of Captain—Lieut. J. A. W. Webster, L.R.C.P., M.R.C.S.
Technical Subjects for rank of Lieut.-Col.—Major C. H. Hale, D.S.O., L.R.C.P., M.R.C.S.

Announcements.

BIRTHS.

ALCOCK.—On March 31st, at 25, Norfolk Mansions, Battersea Park, London, S.W., the wife of N. H. Alcock, M.D., of a daughter.
FINLAY.—On April 1st, at Southville, Park Road, Gloucester, the wife of Douglas E. Finlay, M.B., B.S.Lond., L.R.C.P., M.R.C.S., of a daughter.

DEATH.

DOLMAN.—On March 28th, at Vaughan House, Caerphilly, South Wales, Charles Dolman, L.R.C.P., L.R.C.S.Edin., aged 44.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XII.—No. 5. **MAY, 1906.** **Price 6d.**

Notes.

The Summer Session this year began a week earlier than has been usual in the past. This step has been taken by many of the London Medical Schools in order to obtain a longer period of work before the summer examinations are held.

It is a matter of no little gratification to note that so far the number of entries in the School this year is the best since the palmy days of six or seven years ago.

Receivers of the GAZETTE are once more reminded of certain monies due. The payment of the small sum of five shillings, involves no obligation to peruse the journal.

The date of the Prize Distribution is not yet definitely fixed, but it will probably take place in the latter half of June.

The cot which is supported by the Students' Cot Association, is in the process of being prepared, and it is hoped that it will be in Crawshay by the festal day of the Prize giving.

We are glad to see that the Fellowship of the Royal College of Physicians has been conferred on Dr. Graham Little. We, of St. Mary's, know how well the honour is deserved.

A brass tablet has been placed in the Chapel of the Crypt beneath St. John's Church, Clerkenwell, in memory of the late Sir Edward Sieveking.

To Mr. Leslie Paton, once Editor of the GAZETTE, we offer our heartiest congratulations on the occasion of his marriage. We know all join with us, when we express to them both our most sincere and best wishes for the future.

Our congratulations to Dr. F. S. Langmead on his acquirement of the Membership of the College of Physicians.

With deep regret we notice that in the list of fatalities in the recent Channel accident appears the name of Miss Frances Waller, the little daughter of Dr. Waller, our late Lecturer in Physiology.

It is with sincere regret that we announce the death of the wife of Captain John Kuhnhardt, of the Indian Medical Service. The event is of peculiarly sad interest to many at St. Mary's as, it will be remembered, Mrs. Kuhnhardt was a sister of Dr. Percy Bott.

We hear that five appointments have been made in India for "Specialists in Operative Surgery." Of these, our old friends Charles Brodribb and Hay Burgess have captured two for St. Mary's.

Our congratulations to Capt. Leethem Reynolds, I.M.S., on his recovery from the effects of his recent very serious accident.

To nobody does the GAZETTE owe more than to Mr. Rous, who retired from the post of Editor with the last number. We are sure all will agree with us in regretting that he can no longer undertake the editing of this journal.

Since Mr. Rous was first appointed to a post in connection with the GAZETTE, a great number of difficulties have had to be faced, and in great measure the credit is due to him that the obstacles were overcome. First as Sub-Editor and latterly as Editor, he worked his hardest for the good of the journal, and it speaks volumes for his efforts that the circulation of the GAZETTE has gone on increasing throughout until now more copies are sent out than ever before.

We lay stress upon the work he has done "behind the scenes," for there is no general knowledge of the obstacles that have been overcome in connection with the GAZETTE, nor the difficulties with which it is still faced.

Of Mr. Rous's verses it would perhaps be ill-becoming of us to speak (we are not essentially modern journalists,) and so we will merely express the hope that in these pages will often be seen in the future those ingenious rhymes and amusing fancies that have so many times delighted all in the past.

And so we take comfort in the thought that the severance of Mr. Rous from the GAZETTE is official only, and not absolute.

The episode of The Thief of the Red Hand has been brought to a happy end—for twelve months at least. After a period of repose—spent, no doubt, in "maturing his felonious little plans"—we trust our "enterprising burglar" will employ his natural gifts in directions other than ours.

A magnificent addition has been made to the Hall of the Hospital, adding much to the dignity of the scene. A fine old seasoned ladder has for the last month reared its stately head by the side of the main staircase. It was presumably thought that in time it would grow and reach the top of the building.

At the time of writing, however, in spite of the most assiduous attention, it has grown not at all, neither has it put forth branches nor done anything really useful or artistic so far as can be judged by the ordinary mortal.

Should it after a further trial remain unresponsive, we would suggest that it should be removed in suitable portions to the abode of the Orthopæds. Why cumbereth it the staircase?

For the first time for many years the usual Summer Sports Meeting will not be held. We were given to understand, on sympathetic enquiries, that the Athletic Club was suffering from a period of acute financial depression, and was undergoing a "rest cure." It is very much to be regretted that such a step is rendered necessary, as the Annual Sports was an event always keenly anticipated and thoroughly enjoyed, and was a means of stimulating men to appear for us in the Inter-Hospital events.

While the Athletic Club remains in a state of suspended animation, there is yet worse news to chronicle. The Swimming Club swims no more. Is there any chance of the "resuscitation of the apparently drowned"?

The Tennis Club still exists—just! The pathetic details are in another column.

Looking on the brighter side, however, we find that it is a fact that the second cricket eleven exists and has played a match. A report of this will be found elsewhere if the Sports Editor fails us not.

All St. Mary's men will be interested to hear that Barrett, one of the Hospital stokers, gained the gold medal in the Inter-Team Three-Mile Race of the Essex Beagles. He richly deserved it, for his time was magnificent—14 mins. 44⅘ secs. He also obtained a medal in the South of the Thames Championship, running seven miles in 43 mins. 44 secs.

The following is rather a pleasing answer given by a candidate in an examination in First Aid to the Injured. The question was—Name the bones of the Upper Extremity :—

We will start with the head ; first of all we have the skull of which there are two, the jaw bone and the brain box. Next we have the neck, where there are 7 which we call *clevical*, because they move with the movements of the head and then there is the arm-bone, which fits into the bone called the Shoulder Blade, and then forearm bones of which there are two, the name of the first is the Ulna and the other the Radius ; and then the wrist bones which is called the Carpus and the bones in the back of the hands which we call the Metacarpus and the fingers Phalanges. Then we take the bones from the neck, we have the collar bones and then just below we have the ribs, which number 24, but not all true ribs, there are 7 pairs of true ribs and the remainder which you would call false ribs the two last 11 and 12 floating ribs, because they are not attached to the bone which we call the breast bone, but all the others are in some way, or in other words they are attached with *grisel.* And then there is the *main lot* which we call the Vertebral Column, which can be felt all the way up your back up to your skull. *Of course*, the 7 in the neck are the moveable and all the others are immovable ! There are 33 in all right down to the *tail.*

Some little while back the Editor in a moment of self-depreciation,—for even Editors have proper feelings at times, but not often, only sometimes as we were saying, (and then they generally hide them)—no ! it was not *this* Editor of course—But soft, we become involved. Setting aside the moral aspect for the time being, we state succinctly that the Editor enquired as to whether anyone had seen a joke lately, and if so would he kindly send it along.

That was a mistake.

At first it was all joy ! By every post came letters from those who had caught a joke themselves or who had had one lent them, and the Editorial Sanctum resounded with roars and gurgles of ecstasy. We all grew fat and the office-boy was on one occasion so cyanosed that only a kindly venesection saved his life.

But see how fleeting are earthly joys. Gradually it dawned upon us, that as it was in beginning, so it would be to the end—the awful truth would no longer be hid—*they had all sent Baboo stories.*

Now, to the sporadic Baboo story we have great leanings—we know one ourselves that would make even the present R.O.O. laugh loudly—but Baboo stories in shoals, agglutinated Baboo stories, well, we just can't manage them.

Should anyone desire a bucket of Baboo stories, we can supply them.

HAVE YOU THAT TIRED FEELING ? TRY A BABOO STORY ! ! !

As we go to the press we hear that Mr. Frank Juler has been appointed House Surgeon to Mr. Pepper. Our congratulations.

Books Received for Review.

PATHOLOGY, GENERAL AND SPECIAL. By R. Tanner Hewlett, M.D., M.R.C.P., D.P.H., Professor of General Pathology and Bacteriology in King's College, etc., etc. Illustrated. Pp. viij. + 540. 10/6 net.

RATIONAL ORGANOTHERAPY. By Prof. Dr. A. von Poehl ; Prof. Prince J. von Tarchanoff ; Dr. Alf. von Poehl ; and Dr. P. Wachs. Translated from the Russian Text. Vol. I. J. & A. Churchill.

Sample Received.

From Burroughs & Wellcome comes a new "Tabloid" preparation—this time of Sodium Citrate. These tabloids, each consisting of two grains of compressed citrate, should be very useful, as the practice of citrating milk is becoming deservedly popular. We have tested them and find them easily soluble, which means they are easily used, and they produce the same good effects as the more ordinary form of a solution, We think, however, the proportions suggested are rather too small.

Publications, etc., Received.

"*Guy's Hospital Gazette.*" "*Middlesex Hospital Journal.*" "*St. George's Hospital Gazette.*" "*The Broadway.*" "*The Hospital.*" "*The Nursing Record.*" "*University College Gazette,*" "*University of Durham College of Medicine Gazette.*" "*St. Thomas's Hospital Gazette.*" "*St. Bartholomew's Hospital Gazette.*" "*New York Medical Journal.*" "*London Hospital Gazette.*" "*Brooklyn Medical Journal.*" "*The Stethoscope.*" "*Treatment.*" "*General Practitioner.*" "*Charing Cross Hospital Gazette.*"

Hysteria.*

By D. W. CARMALT JONES, M.B., B.Ch.,

House Physician at the National Hospital for the Paralysed and Epileptic.

As a subject I have selected some points in Hysteria, because Hysteria is a disorder which is not very often seen in general hospitals as a clinical entity. Its importance is that while its symptoms simulate, or, rather, are identical with those of organic disease, the correct treatment of each is diametrically opposed to that of the other. "There is no type or form of organic paralysis which may not be simulated by hysteria." (*Osler.*) Further, the difficulty of differential diagnosis is frequently immense, and certainty may even be impossible.

Unfortunately the medical man and the layman attach different meanings to the word hysteria; many people use it as a synonym for affectation, and believe that all its symptoms are matters which the patient deliberately assumes, or at any rate could control if he would. Medical men, however, understand by it a series of symptoms which include convulsions, paralysis and anæsthesias for which no organic cause has been found *post mortem* in similar cases. It is with such symptoms alone that I wish to deal to-night. It was formerly believed that the symptoms were uterine in origin. It is not now believed that the uterus, or, indeed, the female sexual apparatus at all, has anything to do with it; for one thing, the disease is by no means unknown among men, and also the greater prevalence among women is more probably due to their psychological attitude than to the possession of certain organs. The epithet "hysterical" is, indeed, often discarded for that of "functional" in the description of symptoms. This, though more accurate, introduces an artificial limitation of meaning, because there are many other diseases of the nervous system which occur without organic change and whose morbid anatomy is unknown, such as idiopathic epilepsy. Hysteria has been defined as a cerebral and psychical state dependent on some disturbance of the highest nerve centres, but showing itself in some functional derangement of the lower cerebral or spinal centres without any recognisable structural change. It occurs chiefly among females, but males, especially boys, are by no means exempt. It may come on at any period of life from puberty to the menopause, and is not unknown, though rare, among children, but it is most frequent in young women from 16 to 25.

The two most potent predisposing causes are Heredity and Education. In a series of hystericals one finds numerous instances of a neurotic family history. I remember a marked instance in a case of functional paraplegia in a man: an uncle died insane, the father was highly nervous, the mother was in an asylum, and a brother had committed suicide. Hysterical mothers bear hysterical children, and herein is found the educational factor, for the atmosphere of a household where self-control is conspicuously absent supplies the required circumstances to encourage that laxity of self-control which is the essential feature of hysteria. Any circumstance of depressing or terrifying or unwholesomely stimulating nature may serve as an exciting cause.

Psychical disturbance, such as overwork or loss of money, sometimes occurs; physical causes are depressing illnesses, and here uterine and similar disease is only important from its frequency, and not in any specific manner. Others are injury from accident, fevers, and especially organic disease of the central nervous system. And here one point must be emphasised. Organic and functional disease frequently co-exist, and hysterical symptoms, as pointed out by Sir William Gowers and Dr. Buzzard, are excited or increased by the organic disease. Weir Mitchell expresses it: "The symptoms of real disease are painted on an hysterical background."

The symptoms of hysteria may be well grouped under psychic, sensory, and motor. The Psychical symptoms are those dependent directly on the mental state of the patients. The chief characteristic is loss of control. Such patients are emotional, inadequate causes provoke tears or laughter, and the emotional display is always likely to be extreme. They are self-conscious, and they crave for sympathy so that they acquire the habit of making the most of and exaggerating their symptoms. They cultivate their morbid tendencies, and in severe cases a distinctly bad moral tone may be adopted with conscious simulation of symptoms. They may refuse food, conceal their excreta, artificially colour their urine, and warm up the thermometer against the hot-water bottle. Some even go to the length of artificially producing skin lesions by irritants. All this because they cannot keep their desire for sympathy within bounds, and it must not be forgotten that this is a symptom of disease in itself, and the whole thing is not to be dismissed as humbug because some fraud is discovered. But it must be stated that many cases of severe hysteria occur without any of these psychical symptoms. The sensory symptoms may involve cerebral or spinal centres. Instances of the former are diminution in the acuity of special senses; these are generally one-sided and associated with an hysterical hemianæsthesia of the same side of the body.

The sense of taste may be lost on one side, smell on both, and there may be deafness, generally of one side only. The patient does not complain of these, and they are only revealed by testing. Loss of sight is generally incomplete, occurs in both eyes but chiefly on the anæsthetic side, and takes the form of contraction of the visual field. Pains in various parts occur, one which is common and described in a very similar way by all who suffer from it is the Clavus hystericus, a pain in the head "like a nail being driven in." Disturbances of sensation in spinal centres are cutaneous anæsthesia and hyperæsthesia. Anæsthesia is generally distributed over half the body—hemianæthesia—or over the lower limbs—say from umbilicus downwards, or one limb or segment of a limb—glove or stocking anæsthesia. It is generally complete to all forms of cutaneous sensation, touch,

* A paper read before St. Mary's Hospital Medical Society.

pain, and temperature, but the muscular sense and sense of position remain intact. The Hyperæsthesia has the peculiarity that light touches are more painful than heavy handling, various points are specially liable to be tender, the iliac fossæ, the mammary regions, and the mid-dorsal spine, in particular. Reference must be made also in passing to the Globus hystericus, a sensation of something rising in the throat and stopping the breathing. Motor symptoms manifest themselves according to the various ways in which the function of the muscles may be perverted.

The function of muscle is to contract, and morbid phenomena ensue if this power is either lost or perverted. The loss of the power of contraction results in paralysis, and the perversion of contraction leads to some form of spasm. Muscular spasm is either continuous or intermittent. If it is continuous, or tonic, some form of contracture is produced, and if it is intermittent, or clonic, the patient will show some kind of tremor, or movements similar to those of chorea.

Of the paralyses which occur in hysteria the following are fairly common. Adductor paralysis of the larynx, leading to aphonia: the loss of power only exists for voluntary efforts, as the patients can cough quite normally, so that the cords can be approximated by reflex mechanism. If some degree of anæsthesia exists at the same time, as is often the case, the throats of such patients are very easy to examine with the laryngoscope. The commonest paralysis in hysteria is loss of power in both legs—paraplegia. Its onset is generally sudden, and follows some emotion. Hemiplegia is less common and occurs, it is said, three times as frequently on the left as on the right, the face escapes, and there is generally an associated hemianæsthesia in which the face is involved.

Leaving the paralyses, we come to the *spasmodic* motor symptoms, continuous and intermittent. The continuous or tonic spasm leads to the fixing of a limb or limbs in a certain position for a period of time, varying from a few seconds to years. It most commonly affects an arm, which is flexed at the elbow and at all joints distal to it; it generally follows a convulsion or an injury. When a leg is affected it is generally held in rigid extension, but may be flexed. The contracture may last for a short time and recur at intervals, or it may be permanent for a long period. In such cases adhesions form with some readiness in the joints of the affected limbs, and if the condition persists for very long the loss of function may lead to positive structural change with organic shortening of the muscles acting on the joint. Charcot has reported a most interesting case, quoted by Gowers, of a contracture which was at first intermittent but became permanent and lasted till death, when sclerosis of the lateral columns of the cord, presumably secondary to the functional loss, was discovered. Of a like nature are the phantom tumours of hysteria which are commonly the result of contracture of part of a muscle. Among the clonic spasms certain tremors occur, and may accompany contracture; they are evoked by movements of excitement, and are usually fine and quick and increase during examination; if the attention can be diverted they may diminish.

Let us briefly consider the causation of these phenomena, the mental state which underlies these perversions of function. Hysteria has been exhaustively studied by French observers, and many of their results are embodied in a volume called "The Mental State of Hystericals," by Janet, in which Hysteria is considered from the point of view of psychologists rather than physicians. In Janet's book the phenomena of hysteria are considered under two heads, Mental Stigmata and Mental Accidents. Certain symptoms he regards as characteristic of and essential to the disease, as lasting as long as any trace of the disease lasts; but these are rather objective than subjective symptoms, and to be discovered during an investigation rather than complained of by the patient: these are Mental Stigmata. The Mental Accidents are essentially subjective, the things of which the patient complains, and will now only be mentioned. They are the symptoms which are periodical, transient, and, above all, painful to the patient, and include such things as hysterical attacks or fits, delirium, somnambulism and fixed ideas. We will leave these out of the question. What Janet calls Mental Stigmata are the following characteristics:—Loss of sensation, or anæsthesias; loss of memory, or amnesia; loss of will, or abulia; and the motor disturbances. Their careful investigations of hysterical anæsthesia have revealed various peculiarities pertaining to it. Hysterical anæsthesia is often confined to a geometrical segment of a limb; such are known as gauntlet, glove, stocking anæsthesias, and correspond to a very crude physiological distribution; loss of feeling following the distribution of a nerve or nerve root is almost certainly organic. The patients do not feel pricks, pinches or burns; but though they have been at large in this state they never get bruised or burnt, whereas those who suffer from anæsthesia from such organic causes as syringomyelia frequently burn themselves. An hysterical may retain the same anæsthesia for periods of long years, but, on the other hand, the anæsthesia may vary from moment to moment, and a quite definite painless area which you have charted in the morning may be quite sensitive in the afternoon, and it has been found to disappear under the influence of certain drugs, such as alcohol and morphia, and under hypnotism. As well as being changeable, it has qualities which the French call contradictory. Thus, in hysterical blindness of one eye, certain patients are colour-blind to certain colours. One, for instance, cannot see a red wafer on a white ground—sees only the white ground; but if a disc is painted with red and green in the proper proportion to make white light, and then rotated, the patient sees a grey disc; that is to say, the invisible red is able to make its presence felt in a combination, although the patient is unable to identify it alone. There is another curious phenomenon which "comes off" occasionally with hystericals, and has been described by Dr. Ormerod in this country. Certain patients with areas of anæsthesia are blindfolded and instructed to say "yes" when they feel a touch, and "no" when they

do not; they will regularly say "yes" when touched on the normal parts and "no" when touched on the anæsthetic parts. Another instance is quoted of a boy who developed hysteria after being frightened by a fire. Among his symptoms were a contraction of the visual field and hysterical convulsions. These convulsions might always be started by bringing fire near to him. When his visual field was examined the disc was not seen till it reached 30°, but if a lighted match was substituted for the disc, on its reaching 80°, when it should have been still outside his field of vision, he gave a cry of "fire," and was seized with a convulsion.

From these and similar ones Dr. Janet draws the following inferences, firstly, these anæsthesias are not frauds—consciously simulated. Further, the patients are unconscious of them till demonstrated by the doctor. Dr. Janet's theory is that hysterical anæsthesia is a form of absent-mindedness. A healthy person is continually in receipt of sensory impressions of different kinds at the same time, thus when you walk along the street, you see and avoid obstacles, you hear and purchase of newspaper boys, you realise whether you are walking on pavement or road—that is, your tactile sense is unimpaired, and you maintain an erect attitude because your muscular sense is in proper order. That is to say, at least four different sensory impressions are conveyed to your mind—Visual, auditory, tactile, and muscular. No man is *conscious* of all the impressions reaching his sensorium, in the above instance the only ones he would be aware of would be hearing the paper boy and seeing the paper, so that his "field of consciousness," as the French term is, only includes part of the sensations which are received and acted upon by his nervous system. Certain individuals are particularly limited as to the number of sensations they can appreciate at a time, and when they are intent on looking at an object closely cannot hear sounds which would attract the attention of normal persons, but when their attention is bent on listening can hear well enough, but take no notice of striking visual stimuli. Such persons are absent-minded, and suffer from a contraction of the field of consciousness. Suppose this condition to be intensified, and you have one in which the attention cannot be fixed on more than two kinds of sensation together. Which are the most important ones to retain? Clearly sight and hearing, so that being limited to two, and devoting attention to these, the hysterical loses the power of appreciating tactile impressions and becomes anæsthetic.

The theory then is that hysterical anæsthesia is due to a contraction of the field of consciousness. Certain points about the anæsthesia bear this out, that it is the sacrifice of the least important, and the holding on to as much conscious perception as may be. Hemi-anæsthesias occur on the left side, or least important, in the proportion of three to one on the right. Again, the sense of hearing is very rarely lost, and then only partially; it is the most indispensable for social life. Vision is rarely lost, and generally incompletely, in one eye only, and consists in a contraction of the field. The conclusion of Janet in a few words is this: Hysterical Anæsthesia is a psychological and not an organic malady, and exists in the mind, that is, the highest functions of the brain, and probably those of the cortex; it bears on personal perception, and is due to a limitation of the field of consciousness. One word more only on the mental state. Every phenomenon of hysteria may be produced in quite healthy persons by emotions, to a limited extent. The psychic symptoms, the emotional display and the craving for sympathy are natural inclinations controlled by healthy people. Anæsthesias, loss of certain sensations under certain circumstances, are but exaggerations of what occur to all of us when our attention is forcibly directed elsewhere. Many a man has been wounded in action and not discovered it till the fighting was over. They indicate a loss of control over normal functions. Again, hysterical paralyses occur because patients cannot apply sufficiently strong stimuli by means of their own will. A patient who cannot move her legs, try as she will, can move them under the influence of a strong faradic current and a wire brush. If such an accident as a fire occurred in a ward, most paraplegic hysterical patients would walk out—but not all. The situation is well summed up in a phrase which is doubtless familiar to many: "They say 'I cannot,' it looks like 'I will not' but it is 'I cannot will.'" And it may be of interest that this phrase comes from Mr. Page's famous book on Injuries of the Spine.

Dr. Carmalt Jones, having briefly described the reflexes in health and disease, proceeded as follows:—Suppose now we are called to a case of complete or partial loss of power in the legs, and we have to diagnose between organic and functional disease, joint disease being excluded. If it is organic it will be due to injury of the upper and lower motor neurone. Suppose it is the upper, a paraplegia, complete or partial, due to spinal caries, a spinal tumour, transverse myelitis, or what you please. The legs will not be wasted unless the disease is of very long standing, and then will only be thin from disuse. The muscles will react to faradism and galvanism. Their tone will be increased, there will be increased resistance to passive movement without any apparent contraction of the muscles opposed to the movement you are making. The plantar response is extensor.

This implies some interference with the pyramidal tracts, the cortical flexor response is lost, and there is a reversion to the primitive extensor response of infancy. The deep reflexes are increased, the knee jerk and ankle jerk are exaggerated, and ankle clonus is generally obtained. As regards sphincters, if the disease is above the lumbar centre there is nearly always some trouble, either precipitate micturition, or difficulty in starting or incontinence, reflex emptying of the bladder. In lesions of the lower neurone, anterior polyomyelitis for instance, there is marked wasting of muscles and groups of muscles, trophic changes occur in skin, tone is lowered, limbs can be passively moved with abnormal freedom unless contractures have occurred. Superficial and deep reflexes below the lesion are diminished or abolished. Reaction of muscles to faradism is diminished and ultimately lost, but reaction to the make and break of the constant current is maintained for a time—the

well-known reaction of degeneration. This condition will not be mistaken for a functional one.

A paraplegia of functional origin commonly shows no wasting, flexor plantar responses, deep reflexes normal or exaggerated, clonus when present atypical in character, and disturbances of sphincters, if any, of the nature of retention, never of incontinence. Electrical reactions are normal. Hemiplegia is comparatively rare as a manifestation of functional disease, and presents certain differences from the organic variety.

It is in the slighter degrees that the difficulty arises, and here the reflexes are the guide again. In organic cases the deep reflexes are increased on the hemiplegic side, there is ankle clonus, the plantar response is extensor, and one more most important diagnostic point may be elicited. the epigastric reflex is absent on the side of the hemiplegia.

In functional cases the superficial and deep reflexes are the same on both sides, and ankle clonus and Babinsky's sign are not obtained. In hemiplegia, moreover, there is one more diagnostic sign which has been detailed by Babinsky himself in a paper on Hemiplegia, organic and functional. In functional cases the paralysis only affects muscles voluntarily used in a given movement; muscles used subconsciously escape; it is not so in organic cases. Thus, if the hemiplegic lie on his back and attempt to rise to a sitting position, the sound leg remains flat on the ground, but the paralysed one is raised into the air in organic cases; in functional both remain on the ground. The explanation is that in the supine position the iliopsoas may be made either to raise the leg on the trunk, or raise the trunk and pelvis on the thigh. If the trunk is to be raised the thigh must be fixed and flexion on the pelvis prevented by contraction of the extensors of the thigh. This latter movement is subconscious, the conscious movement being the contraction of the iliopsoas; and the subconscious movement is not lost in the functional paralysis, but is lost in the organic.

Arterial Degeneration in Chronic Interstitial Nephritis.

By B. H. SPILSBURY, M.A., M.B., B.Ch.,
Assistant Pathologist to St. Mary's Hospital.

The subject of the aetiology of arterial degenerations and their relation to morbid changes in other organs, is one of the most interesting and at the same time most difficult problems with which the pathologist is confronted.

That the distribution of the arterial lesions varies much in different cases has long been recognised, but it is only recently that the histological changes in the lesions have been shewn to differ to such a degree as to render some sort of classification possible.

It is only necessary to glance through the more important contributions to the literature of the subject to realise how divergent are the views held by different observers even in the fundamental principles of cause and effect; such a review should serve as a warning against any attempt at generalisation from the results of the study of one class of cases.

It is for this reason that I propose to consider only one type of the disease, one of the commonest and at the same time one of the most sharply defined groups, that, namely, of the degeneration found in cases of chronic interstitial nephritis.

The picture presented by this disease is a familiar one, the characteristic kidney changes being associated with hypertrophy of the left ventricle of the heart, and with degenerative changes affecting the larger arteries of the body, notably the aorta, as well as the arteries within the cranial cavity, those within the kidneys, and frequently the coronary arteries. The frequent termination by cerebral hæmorrhage emphasises the importance and the danger of the arterial changes.

This picture is so constant, even to the particular vascular territories affected, that we are entitled to ask whether it is not some anatomical or physiological peculiarity of these vascular territories which renders them particularly liable to be affected by the modified circulatory conditions resulting from the kidney disease. I assume that the changes in the kidneys are the starting point of the arterial and cardiac changes, and this assumption is justified by the study of the kidney disease in all stages of its development.

We will first consider the nature of the changes in the kidneys in this disease and their probable effect upon the distribution of the blood and the arterial blood pressure. To guide us in this consideration we have an important physiological generalisation—that the total amount of blood passing through any organ of the body in unit time depends upon the physiological requirements of that organ and varies with every alteration in its activity. One of the most familiar examples of this law is the great increase in the blood-supply, during active digestion, of the organs concerned in those processes.

It may be added that a certain minimal blood-supply is essential to the wellbeing of an organ, any diminution beyond that minimum, of more than very temporary character, being followed by disturbances of nutrition and of function. In the case of the master organs, the brain, heart, and kidneys, such a diminution in the blood-supply will, owing to the important relation of their functions to those of the body generally, entail consequences much more grave. In the case of the kidney it is probably true that the blood-supply is far in excess of the nutritional requirements of the renal epithelium, and in this respect the kidneys probably stand alone.

Whilst the metabolism of the body is at a low ebb, as it is during sleep, the kidneys will still be actively removing the products of metabolism, but they will be doing the minimum of work and receiving the minimum of blood. For the sake of argument we will assume that $\frac{1}{12}$ of the blood which leaves the left ventricle at each heart-beat will pass through the kidneys under these conditions. When the body is active, a larger proportion of blood will pass through the kidneys, these now receiving perhaps $\frac{1}{8}$ of the total quantity leaving the heart.

The question which will now be asked is, whether the changes in the kidneys, in chronic interstitial nephritis, will tend to reduce the amount of blood passing through the kidneys below the physiological minimum of $\frac{1}{12}$, and the answer to the question is that they do so.

Owing to some obscure toxæmia, inflammatory fibrous tissue developes in the kidneys in this disease, and the gradual contraction of the inflammatory tissue, compresses and eventually blots out whole groups of renal tubules, and with the tubules the blood capillaries which supply them. The disease developes in a patchy manner, at first affecting only a few groups of tubules, but the inflammatory tissue is continually invading fresh areas and involving in its embraces fresh groups of tubules, whilst the unaffected tubules are prevented—or almost entirely so—from undergoing compensatory hypertrophy, by the limitations imposed by the network of fibrous tissue which is anchored to the capsule.

We see then, that during the course of the disease, the blood capillaries in the kidney are continually undergoing reduction in numbers, that is to say, there is a steadily increasing resistance to the flow of blood through the kidney, and assuming that the circulatory conditions in other organs undergo no change, less blood will pass through the kidneys and more will pass through the other organs.

Does the reduction in the blood flow through the kidneys tend to fall below the minimum of $\frac{1}{12}$ of the total blood which we have assumed?

Again the answer is that it does; and it is only necessary to consider the shrivelled up kidneys which are found in advanced cases of this disease and to study them microscopically, to affirm that, with a normal general-circulation, not one tenth of their normal supply of blood would pass through those organs.

Since, then, the blood passing through the kidneys would be reduced beyond the physiological minimum long before an advanced stage in the disease was reached, we must search for some compensating mechanism, whereby equilibrium can be maintained.

We know that when the muscles require more blood during exercise, the arterioles in the splanchnic region contract and that region becomes comparatively anæmic, and many other examples might be quoted to demonstrate circulatory compensation for physiological requirements.

The same holds good in the case which we are considering; arterioles in other parts of the body, and especially probably those in the splanchnic region and those supplying the skeletal muscles, undergo tonic contraction and never relax again during the course of the disease, but rather contract more and more as the renal condition advances. The stimulus to contraction is a nervous one, due probably to the action of the slight accumulation of waste substances in the blood.

We have here, then, the explanation of the increased blood pressure and hypertrophied left ventricle, the general arterial pressure rising because there is everywhere an increased peripheral resistance, and the left ventricle undergoing hypertrophy in order to drive the blood past the increased resistance.

Before we turn to the discussion of the way in which the increase in the arterial pressure produces degenerative changes in the vessel walls, let us remind ourselves of the normal mechanism whereby the vessel walls themselves are nourished. The supply of nourishment is from two sources, the endothelial lining and a narrow zone of sub-endothelial tissue receiving its nutriment directly from the blood circulating in the vessel, the remainder of the vessel wall, including the tunicae media and adventitia, receiving blood by a special set of vessels, the vasa vasorum. These vessels enter the artery wall from the loose cellular tissue around it, traverse the adventitia and a considerable part of the media, breaking up into a network of capillaries by which these coats are supplied. The collapse of the artery walls after death renders these vessels inconspicuous, and it is only if a main arterial trunk happens to be cut across that their presence is easily recognised.

The circulation of blood through the vasa vasorum may be regarded as a precarious one, owing to the stress to which the whole artery wall is subjected by the pressure of its contained blood, and it is probably accurately adjusted to the physiological mean arterial pressure. Any variation from this pressure, if maintained, will lead to diminished circulation and impaired nutrition, with consequent degeneration of the structures forming the wall.

More especially is this result likely to occur in the larger arteries, owing to their thick walls, containing a large proportion of connective tissues, and small blood-supply, as compared with the smaller arteries, as well as the high pressure of their contained blood.

In the large arteries the degenerative changes are due, then, to a gradual diminution of the blood-supply of their walls, and the changes are in some respects analogous to those whereby infarcts are produced. They differ from infarcts, however, in the comparatively slow mode of production, so that important chemical changes take place in the tissues of the wall before they perish, fat droplets developing in the muscle cells, and cholesterin crystals being formed from the connective tissues.

The areas of degeneration are, in the earlier stages, wedge-shaped, with the apex pointing outwards and the base resting upon the tunica intima, which does not itself degenerate owing to its direct nutrition from the circulating blood.

The later changes in the degenerated material are also comparable to those in infarcts. Absorption of the dead material takes place only to a very slight extent, owing to the diminished circulation through all the vasa vasorum.

The only inflammatory reaction excited by the dead material is in the deeper layers of the intima, where a few fibroblasts develope and may eventually form a thin layer of fibrous tissue. Following the general rule, the unabsorbed material later undergoes calcification.

Here then, I maintain, lies the explanation of the patchy atheroma which developes in the aorta in the course of this disease, appearing first of all in small

areas where the stress is greatest, and involving larger areas as the disease advances.

The changes in the smaller arteries and arterioles differ from those detailed above. This is due to their walls being thinner, being made up of more muscular fibres and having a relatively greater blood supply, whilst their contained blood is at a much lower pressure.

In the majority of these vessels the only changes are those of hypertrophy, the muscle fibres in the tunica media undergoing increase in size, and probably in number. Even in those vessels in which degenerative changes do occur, namely, in the cerebral, renal and coronary arteries, an hypertrophy of the muscular coat can often also be recognised.

If in these smaller arteries we were to pick out and ligature the vasa vasorum, degenerative changes would occur in their walls, and the same result would occur if the artery was compressed from without; it is here that we have the explanation of the degeneration which occurs in the vessels enumerated.

In the cranial cavity the contents are enclosed in a rigid, bony box, containing no efficient safety valve by which pressure can be quickly relieved; in the kidneys it is the inflammatory fibrous tissue which contracts around and compresses the vessels; whilst in the heart the hypertrophied muscle encroaches upon the space allotted to the arteries.

In all these situations, as a result of the increased internal blood pressure, the artery wall is compressed as it were between the upper and the nether millstone, and its nutrition accordingly suffers.

Here then, in my opinion, lies the explanation of the arterial changes which develope in the course of chronic interstitial nephritis.

St. Mary's Hospital Cricket Club.

CRICKET NOTES.

The season has commenced, and our prospects are brighter than they were last year, for we have already won a 2nd XI. match, an account of which is appended. Though we are without Ollerhead and Louwrens, we have gained the services of Hare and Shirgaokar, both of whom promise to be very useful. Litteljohn is still in his year, and Wickham, who only turned out twice last year, will play regularly this season.

The Kensington Park ground is a great asset. Some Mary's men have been down every night as yet, and one day there were nine practising at the same time. This is indeed an improvement on last year.

Professional help at the nets, which is available every day after 4 p.m., will tend to improve our bowling and batting.

While we are so optimistic as this, we must remember and take heed of the warning of the old rhyme about "matches" and "catches," for fielding at present is our weakest department.

The cup-tie is against University College Hospital, and it is to be played before May 30th.

We would remind our players that a bat is awarded to those who score a century in a cup-tie match.

It has been decided that in future colours shall be presented by the captain at his discretion, and that the colours shall take the form of additional letters and dates on the blazers. Such a custom did once exist, but seems to have been forgotten for some time past.

The President has kindly offered a bat for the highest average during the season in 1st XI. matches. We hope to see great competition for this.

Mr. R. G. Wooster has been elected Hon. Secretary of 2nd XI.

A. G. H. L.

MATCHES PLAYED.

ST. MARY'S *v.* EALING.

This was played at Ealing on May 9th, 1906. The history of the match is a tale of woe, best told by the scores. Captain Legard was as irresistible with the ball as he was impregnable with the bat. For us Shirgaokar alone batted with confidence. Hirsch had some escapes in getting his 17, but took two wickets for 19. Hare took two for thirty-eight.

SCORES.

St. Mary's.		*Ealing.*	
Squire b Capt. Legard	2	Jolly b Squire	6
Wickham c Corfield b Capt. Legard	0	Capt. Legard c Wickham b Hare	100
Shirgaokar, c & b Capt. Legard	39	Dangar c Barker b Hirsch	47
Hare b Capt. Legard	0	Barnes c Hayes b Hirsch	11
Lovell c Corfield b Dangar	9	Walter b Hare	39
Barker b Capt. Legard	0	Sparks not out	40
Hirsch stumped Walter b Capt. Legard	17	Legard not out	13
Timothy b Barnes	7	Extras	9
Straton not out	3		
Hayes lbw b Capt. Legard	2		
Hopkins b Barnes	1		
Extras	18		
Total	98	Total for 5 wickets	265

ST. MARY'S *v.* CANE HILL ASYLUM.

On May 12th we went down to Cane Hill without our representative side, and expecting much more leather hunting than we got. Cane Hill won the toss and elected to bat first, sending in R. T. Crawford and Dr. Stuttaford to face Straton and Timothy. The first wicket fell at 35, Straton taking Crawford nicely in the slips off Timothy. The previous Saturday he had made 200 against Middlesex Hospital, so we were glad to see his back. After this wickets fell quickly, Squire taking 4 for 34, and in spite to two dropped catches we had the side out for 118. We went in full

of hope, but R. T. Crawford's bowling on a crumbling wicket was far beyond our form, and we lost 5 for 10 runs, and were all out at 54. The weather was glorious and our hosts most hospitable.

SCORES.

Cane Hill.		*St. Mary's.*	
R. T. Crawford c Straton b Timothy	19	E. W. Squire b Austin	7
Dr. Stuttaford c Wooster b Straton	38	H. L. Barker b R. T. Crawford	2
H. Rick b Squire	4	S. R. Shirgaokar	0
H. Lightly b Squire	16	T. Hare	8
W. Austin lbw b Squire	10	E. S. Hirsch	1
Dr. Roberts hit wicket b Squire	0	E. W. Archer	0
T. Noake b Straton	3	A. G. H. Lovell b Austin	11
Rev. J. C. Crawford run out	12	R. J. Wooster b R. T. Crawford	2
Dr. Sibley absent	0	A. A. Straton run out	3
E. W. Bartlett c Barker b Hare	10	A. C. Martyn run out	4
A. W. Colven not out	1	T. Timothy c Lightly b Austin	7
Extras	11	Extras	9
	118		54

ST. MARY'S 2ND XI. *v.* OCCASIONALS C.C.

This match was played, instead of a trial game, on Wednesday, May 2nd. The weather was miserable, and play had to be stopped for rain twice during the first innings. We did not begin till 3 p.m. The Occasionals chose to bat first, and by 5 p.m. had scored 111 for 6 wickets. We were to draw stumps at 6.30 p.m., so it was very sporting of Mr. Spicer to declare the innings closed. Excruciating is not a word bad enough to describe our fielding Before 30 was up five catches had been dropped, and during the innings, though 8 were given, none were held. Wickham took 3 wickets for 24; Straton 2 for 26; Shirgaokar 1 for 19. Hare and Wickham started for us, but the former was unlucky in being caught at the wicket. Shirgaokar joined Wickham, and both hit hard, putting the score up to 90 for 3. This left us 22 to make in 18 minutes. Lovell was l.b.w. at 100, but Archer and Hirsch scored the winning runs two minutes before time.

SCORES.

Occasionals.		*St. Mary's.*	
A. Dunbar b Straton	22	F. St. B. Wickham c Varden b James	37
E. W. Wickham b Wickham	20	T. Hare c Wickham b Sebright	1
C. N. James b Wickham	3	T. Shirgaokar b James	34
R. W. Sebright b Straton	5	S. Hirsch not out	7
C. T. Tuff b Wickham	0	A. G. H. Lovell lbw b Dunbar	8
B. Spicer not out	22	E. W. Archer not out	15
E. Varden b Shirgaokar	10	Galpin, Straton, Lewis, Pattison, Clayton	Did not bat.
E. Baldwin not out	8		
E. R. Matthace, F. King	Did not bat.		
Extras	21	Extras	17
Total for 6 wks.	111	Total for 4 wks.	119

Innings declared closed.

St. Mary's Hospital Tennis Club.

ST. MARY'S HOSPITAL *v.* ST. THOMAS'S HOSPITAL (2nd Team).

St. Mary's was represented by Messrs. Fawkes and Goh, Hopkins and Thomas, May and Drew. The match was played on Saturday, April 12th, and we suffered a severe defeat to the tune of eight points to one.

Correspondence.

To the Editor St. Mary's Hospital Gazette.

Sir,—I have often noticed, in the GAZETTE, requests for news from Mary's men abroad. As I don't suppose it matters whether the copy is on Professional topics or not, I propose to tell a few stories of how the soldiers out here, both British and Native, try to escape duty. It is very rare to find any malingering in the army, but every now and then, when there is some extra heavy work to be done, such as a full dress parade, a route march, &c., &c., the shirkers of the regiment report at hospital, in the hope of bluffing the doctor, and so having an easy time in hospital, when their mates are baking in the heat. It is sometimes very hard to detect them, as owing to long practice in the art, they become perfect, and can reel off symptoms by the yard. It is true that they sometimes mix them a bit, but if a medical officer reports a man for malingering, he (the man) is severely punished, and so it behoves one to be careful, and err on the man's side, giving him the benefit of the doubt. Some of them are detected, and I propose to mention a few I have come across. As my work lies almost entirely among the native soldiers, all these cases are natives.

Case 1.—A man was carried into hospital by four friends. He said that he had awakened suddenly that night, and found all use gone from his legs, though sensation was present. He dragged his limbs as he was carried, and they swung about like flails, and when put into a chair, his legs flopped about, as if they did not belong to him. I was certain that he was shamming, as I had seen him before with a "paralysed" arm; but all I could do would not make him give himself away. I tickled his soles, stuck pins suddenly into his calves, in fact tried everything; but though he said that he felt everything, he could not move his legs. I had left him alone for a bit, and he was sitting in a chair, his legs spread out in front of him, when the Adjutant of the regiment came in, and the paralytic, to give him room, drew up his legs. I smiled at him, and he at once got up and wobbled out of hospital, looking very crestfallen. I did not report him.

Case 2.—A man used to report sick two or three times a week; one day with pains in the shoulder and neck, another with pains in the ankle and wrist, in fact, in about a month he had gone through the whole body, and was beginning again. He never had any fever, and his appetite, I learned, was immense. I tried him with all the Rheumatic and Gouty specifics in the Pharmacopœia, and at last, hearing from a native officer that the man wanted his discharge, I

prescribed an extra week of Gymnastics. He came back from that with pains all over him, and was told that another week would work off his stiffness. Still he did five weeks of this treatment before he would admit he was a fraud. He did admit it though, and now is never sick.

Case 3.—Reported with severe pain in the abdomen, and continuous vomiting. I kept him in bed, and tried to locate the pain, but it was never stationary; lightning pains were not in it, it was quicker than lightning, in three minutes I have seen that pain, first at the epigastrium, then in the left iliac fossa, then about the umbilicus. There was never fever nor tympanites, and he took all his food well, and all functions were normal. But he vomited every morning about 7.30, my visit was 8 o'clock. My hospital assistant smelling a rat, kept his eye on the soap, and at last detected a ward orderly giving him a piece, and the morning vomit appeared soon after. We then accused him of malingering, but he would not give in, and so we told him he must have an operation, and laid out all the biggest and brightest instruments we had. He stuck it out until he had the first few whiffs of chloroform, when he bounded from the bed with a yell, and broke all previous records for the ward, amid howls of laughter from the rest. I reported him and the orderly, and I'm glad to say they both got it hot.

Case 4.—Another man, who wanted his discharge, was sent to me by the commanding officer to have his eyes examined; for he was such a bad shot as to be a danger to others. I looked at his eyes, and found both pupils widely dilated, although it was mid-day and the sun glaring down. He had instilled atropine, and how he ever got near the target at 600 yards I don't know. He was given a heavy punishment, and deserved it.—Yours, &c.,

Bombay, April 8. I.M.S.

Reviews of Books.

THE MEDICAL ANNUAL: A Year-Book of Treatment. By Thirty-two Contributors. Illustrated. Twenty-fourth Year. Bristol: John Wright & Co. Pp. lxxxiii. + 654. 7/6 net.

The scope of this work is doubtless by this time well known to our readers, and we can confidently say that the present volume is well up to its predecessors' level. The list of contributors includes many names of sound authority in the subjects with which they deal. It is impossible for us to even indicate the multitude of topics treated of, but there is little of real advance during the past twelvemonth that is not epitomised in these pages. As an example of the care taken in the production of the work, we may instance the section on Leprosy, which is from the pen of Hansen himself; or the six pages on Shock, by Priestly Leech and Lockhart Mummery. The condensation of work like the latter is of real value to the practitioner who has no time to read the systematic lectures as they appear in the weekly press. The articles by Hurry Fenwick on the Prostate and Ureter, and by Giles and Bonney on Diseases of the Uterus, are worthy of special mention. We note that Wright's work on Tuberculin Vaccination receives attention. Dr. Blumfield contributes an interesting note on Anæsthesia. The section on Insanity extends to fifteen pages, a reflex of the activity that is arising in Mental Medicine. The book contains much tabulated information likely to be of use to a practising doctor; and has many illustrations, two series of which, illustrating the radical mastoid operation and abdominal hysterectomy, are stereoscopic, a cheap little instrument being provided to view them. We do not think the process blocks are good enough to be very useful in this way. No one, for instance, unacquainted with Stacke's operation could learn much from plates 7 to 20. The few coloured plates in the volume are much better. We need not further indicate the character of the work.

THE HYGIENISCHES CENTRALBLATT under the auspices of A. Baginsky, P. Frosch, A. Herzberg, F. Löffler, G. Meyer, R. Pfeiffer, B. Proskauer, F. Renk, H. Rietschel, A. Schattenfroh, Cl. Schilling, A. Schlossmann, H. Schmieden, R. Wehmer. Edited by Dr. Paul Sommerfeld, Director of the Laboratory of the Kaiser and Kaiserin Frederick City Hospital for Children, Berlin.

This is the first number of a new periodical intended to keep its readers informed of all that is being done in the domain of Hygiene and Public Health throughout the world. It has a number of well-known names among its managers, and is likely to prove of great assistance to all those engaged in this department of medicine, since it publishes in its various sections and under appropriate headings the titles of all the recent books, current periodicals, monographs, etc., connected with Hygiene, together with a brief account of the scopes of each work. All this is done so clearly that the reader will have no difficulty in referring to the original work whenever it shall seem to him desirable to do so.

The English Referat is Dr. F. C. Lewis, Examination Hall, M.A.B., Victoria Embankment, London, W.C.

Appointments.

BOND, F. T., M.D.Lond., M.R.C.S., F.R.S.Edin., Medical Officer of Health, Cirencester.

DANIEL, W. P. T., L.R.C.P., M.R.C.S., D.P.H., L.S.A., District Medical Officer, St. George-in-the-East Parish.

DOBBIN, W. A. E., L.R.C.P., M.R.C.S., House Physician to the Cardiff Infirmary.

HOLLIS, H. S., L.R.C.P., M.R.C.S., Senior Obstetric Officer to the Hospital.

LILLINGSTON. C., B.C.Camb., Junior Obstetric Officer to the Hospital.

MEERS, J. H., Prosectorship at the Royal College of Surgeons.

PARAMORE, W. E., M.B., B.C.Camb., L.R.C.P., M.R.C.S., House Physician to Dr. Sidney Phillips.

TURNER, W. E., L.R.C.P., M.R.C.S., Medical Officer, Acton Lane Infirmary.

Change of Address.

PHILLPOTTS, H. M. D., L.R.C.P., M.R.C.S., "Mount Ridley," Kingswear, S. Devon.

WELLINGTON, A. R., L.R.C.P., M.R.C.S., Kuching, Sarawak, Borneo.

Royal College of Physicians, London.

At a Comitia held on April 26th, E. G. Graham Little, M.D.Lond., was elected to the Fellowship.
F. S. Langmead, M.D.Lond., was admitted a member of the College.

Pass Lists.

UNIVERSITY OF CAMBRIDGE.

Degree of M.B.—H. M. Wilson, B.C.
Degree of B.C.—W. Parry-Morgan, L.R.C.P., M.R.C.S.

UNIVERSITY OF DURHAM.

Degree of M.D. (Practitioners).—R. R. Sleman, L.S.A.

THIRD EXAMINATIONS FOR DEGREE OF M.B.

Pathology, Med. Jurisprudence, and Public Health—W. H. Edgar.

CONJOINT BOARD.

FIRST EXAMINATION.

Chemistry and Physics.—V. C. Martyn, J. M. Smith, H. J. A. Tootal.
Practical Pharmacy.—R. L. Ley, F. H. P. Wills.
Elementary Biology.—G. A. Batchelor, G. K. Maurice, R. F. Wilkinson.

SECOND EXAMINATION.

Anatomy and Physiology.—S. D. Adam, A. K. Glen, P. A. Mackay, H. E. M. Wall.

FINAL EXAMINATION.

Midwifery.—C. W. G. Bryan, W. H. Chesters, P. Hall Smith, W. Lovell, C. H. Rothera, G. S. Thompson.
Surgery.—E. Balthasar, E. M. Dolan, H. M. Inman, F. Keogh, A. R. Litteljohn, H. C. Mulkern, H. G. Phippen.
Medicine.—F. C. H. Bennett, E. Beaton, B.A., E. T. H. Davies, H. A. Fenton, S. Field, T. J. Jenkins, H. A. Lash, A. R. Litteljohn, E. W. Toulmin.
L.R.C.P., M.R.C.S.—F. C. H. Bennett, E. T. H. Davies, E. M. Dolan, S. Field, H. M. Inman, A. R. Litteljohn, M.R.C.V.S., H. C. Mulkern, H. G. Phippen, G. S. Thompson.

CONJOINT BOARD OF SCOTLAND.

DIPLOMA.

L.R.C.P., L.R.C.S.:—Sidney Nix.

UNIVERSITY OF RIO DE JANEIRO.

Degree of M.D.—W. G. Speers, L.R.C.P., M.R.C.S.

SOCIETY OF APOTHECARIES.

PRIMARY EXAMINATION (PART I.).

Chemistry.—A. J. V. Mathews.

FINAL EXAMINATION.

Medicine.—H. A. Fenton (Sect. I.).
Forensic Medicine.—H. A. Fenton.

The Services.

ROYAL NAVY MEDICAL SERVICE.

Surgeon E. P. G. Causton, L.R.C.P., M.R.C.S., is appointed to H.M.S. Pembroke for disposal.
Surgeon R. H. St. B. E. Hughes, L.R.C.P., M.R.C.S., is appointed to H.M.S. "Victory," for disposal.
Surgeon R. S. Osborne, L.R.C.P., M.R.C.S., is appointed to H.M.S. "Vivid," for disposal.

ROYAL ARMY MEDICAL SERVICE.

CHANGE OF STATION.

Captain S. W. Sweetnam, L.R.C.P., M.R.C.S., from Warley to Colchester.
Captain G. T. K. Maurice, L.R.C.P., M.R.C.S., from Bareilly to Lucknow.
Captain B. F. Wingate, L.R.C.P., M.R.C.S., from Dover to Canterbury.
Captain C. H. Straton, L.R.C.P., M.R.C.S., from Eastern Command to Dover.
Captain R. V. Cowey, L.S.A., from Bangalore to Secunderabad.
Lieut. H. G. S. Webb, L.R.C.P., M.R.C.S., from Peshawur to Mian Mir.

Captain E. Brodribb, L.R.C.P., M.R.C.S., has arrived home from Gibraltar on leave.
Captain C. H. Furnival, L.R.C.P., M.R.C.S., has arrived home from India, and is posted to Eastern Command.

Announcements.

BIRTHS.

FINLAYSON.—On February 19th, at Poona, India, the wife of Lieut. W. T. Finlayson, I.M.S., L.R.C.P., M.R.C.S., of a daughter.
PEDLEY.—On April 22nd, at The Terrace, Tonbridge, Kent, the wife of G. A. Pedley, L.R.C.P., M.R.C.S., L.S.A., of a son.

MARRIAGES.

BARLET—SMITH.—On April 17th, at St. Anne's, Soho, by the Rev. J. H. Cardwell, M.A., Rector, Jehan Meredith Barlet, L.R.C.P., M.R.C.S., of 99, Shaftesbury Avenue, W., only surviving son of Stephane Barlet, B. ès Sc., F.C.S., and Madame Barlet, of "Chanticlere," St. Mark's Road, North Kensington, to Lydia, youngest daughter of the late Reuben and Mrs. Smith, of East Hendred, Berks.
COTTER—MUSSON.—On April 7th, at St. Peter's Church, Fulham, by the Rev. Canon Townhend, G. E. W. Cotter, M.B., Bc.Camb., L.R.C.P., M.R.C.S., son of the late D. D. D. Cotter, Officer 6th Foot, County Cork, Ireland, to Muriel Isobel, youngest daughter of Samuel James Musson, of Upper Norwood.
DAY—WILLIAMS.—On April 21st, 1906, at St. George's, Stonehouse, Plymouth, William Frank Lydston Day, M.B., B.C.Camb., L.R.C.P., M.R.C.S., of Wetherby, Yorks, youngest son of the late Robert Newcombe Day, of Harlow, Essex, to Dorothy, youngest daughter of Dr. F. M. Williams, Medical Officer of Health for Plymouth.
PATON—KIRKWOOD.—At Skelmorlie, on April 30th, by the Rev. John Hunter, D.D., Leslie Paton, M.B., F.R.C.S., of 1, Spanish Place, Manchester Square, W., to May, daughter of the late Richard Reid Kirkwood, West India Merchant.

DEATH.

KUNHARDT.—On May 4th, at Jubbulpore, India, suddenly, Norah, the wife of Captain John Kunhardt, I.M.S., L.R.C.P., M.R.C.S., second daughter of Mrs. Bott, Linden House, Cheltenham, aged 30 years.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XII.—No. 6. **JUNE, 1906.** **Price 6d.**

Mr. Herbert Page, M.A., M.C., F.R.C.S.

After thirty years of surgical work at St. Mary's Hospital Mr. Herbert Page has ceased to be a member of the active staff, and has been appointed Consulting Surgeon. Those who were privileged to hear his farewell clinical lecture must find it difficult to realise that Mr. Page has been connected with the Hospital for so long a period, and must share in the regret felt by his colleagues that his twenty years of service as surgeon are now completed, and that the students of St. Mary's can no longer have the benefit of his wise, lucid, and practical teaching.

Mr. Page was elected surgeon for Out-patients on the 16th February, 1876, and he held this office ten years. From May, 1886, to May, 1906, he has been surgeon for In-patients. From 1876 to 1881 he was lecturer on Operative Surgery in the Medical School. In 1882 he was appointed a colleague of Mr. Norton in the lectureship on Systematic Surgery. On Mr. Norton's resignation in 1888 Mr. Page was associated with Mr. Owen, and in 1897 with Mr. Pepper, in this duty. In 1900, after 18 years as lecturer in surgery, he was appointed lecturer in Clinical Surgery. For two years (1888—1890) Mr. Page was Dean of the Medical School, and from 1892 to 1906 has been its Honorary Librarian.

This simple statement of facts will give some idea of the extent of Mr. Page's service to St. Mary's. Of the quality of his work those most intimately associated with it speak in the highest terms. They tell of his incessant and watchful care of the patients under his charge, of his gentleness in the handling of cases, and of his ability as an operator; of his uniform courtesy and of his punctuality. Mr. Page was one of the first to recognise the value of the reforms in surgical procedure advocated by Lord Lister, and to him was due in large measure the adoption at St. Mary's of methods designed to attain perfection of surgical cleanliness. His clinical teaching in surgery was wide, practical, and founded on a ripe experience. It was not intended merely as a lever to lift the students through their examinations, it dealt mainly with subjects of surgical importance in practice. Of the value of this teaching in developing the higher surgical faculties there is proof in the facts that no fewer than six of Mr. Page's House-Surgeons became Fellows of the Royal College of Surgeons, and that two of them, Mr. Low and Mr. Clayton-Greene, are now Surgeons to the Hospital. Fortunately, some excellent samples of this teaching have been preserved for us in the small volume of Clinical Lectures which Mr. Page published in 1897, dedicated "To my past House-Surgeons," and entitled "Clinical Papers on Surgical Subjects." Also in the medical journals and in the records of medical societies will be found many cases recorded by Mr. Page, and valuable papers dealing with subjects such as intussusception, scurvy, tabetic arthropathy, ruptured intestine, peritonitis from hæmorrhage, and the operations of gastro-enterostomy and of nephrolithotomy. Especially remarkable was the courage which did not shrink from the publication of unsuccessful cases if valuable surgical lessons could be drawn from them.

Mr. Page's long experience as Surgeon to the London and North-Western and the Great Western Railways has made him an acknowledged authority on the subject of the symptoms directly or indirectly produced by injuries caused by railway collisions. The firstfruits of his careful study of this subject appeared in his dissertation upon "Injuries

of the Back without apparent Mechanical Lesion, in their Surgical and Medico-legal Aspects," to which in 1881 was awarded the Boylston Medical Prize of Harvard University, U.S.A. The subject was further developed in a book published in 1882, a second edition of which appeared in 1885; it was entitled "Injuries of the Spine and Spinal Cord without apparent Mechanical Lesion, and Nervous Shock, in their Surgical and Medico-legal Aspects." In this volume Mr. Page criticised freely the teaching of the late Mr. Erichsen on this subject, and pointed out that the ascription of the morbid symptoms to a supposed "Concussion of the Spine" was not justified by the evidence of post-mortem investigation, that the structural arrangements of the spine and spinal cord are such as to make severe injury to the cord apart from injury to the spine and from intra-spinal hæmorrhage very improbable, that the symptoms are largely due to the physical and mental shock produced by the accident, and that the persistence of such symptoms is often greatly increased by the anxiety and mental agitation resulting from litigation and an unsettled claim for pecuniary compensation. It is largely due to Mr. Page's lucid and convincing exposition of the subject that the term "Concussion of the spine" has now given place to the more accurate name "Traumatic Neurasthenia." And the high estimate of the value of his work in this department formed by those who have specially studied the physiology and pathology of the nervous system was indicated by the election of Mr. Page as President of the Neurological Society. Another result of the book was that the author soon was much in request as a witness in "railway cases." Those who have seen Mr. Page in the witness-box testify that his attitude was invariably that of the expert whose sole desire is to ascertain and to state the truth. He persistently exhibited the qualities which he has himself enumerated as necessary in an expert witness—"patience, impartiality, good temper, a sense of justice, and a single purpose to give utterance to the truth." These are the qualities which make a witness safe against the wiles of cross-examining counsel. It is reported that on one occasion the counsel for the plaintiff flattered himself that he had detected a want of agreement between Mr. Page's evidence in the case and certain statements in his book. He therefore began the cross-examination by an elaborate compliment to Mr. Page's reputation as an acknowledged authority, and by praise of the excellent volume on which that authority was based. But Mr. Page was not so easily entrapped. When the witness acknowledged the compliment with a bow, but added "If I have any reputation such as you describe *it is in spite of that book!*" counsel promptly had recourse to another line of argument. It seems a pity that Mr. Page has never been requested to give a lecture or lectures at St. Mary's on the subject of expert medical and surgical evidence. If even now the School Committee could prevail upon him to deliver an occasional lecture on this subject, we are sure that the lecture-room would be crowded, and that the audience would learn lessons of the very greatest value. For, even apart from the interest of the subject, it is always a pleasure to hear a speech from Mr. Page. His eloquent and dignified utterance, his admirable choice of words, and his self-possession make him unusually successful as an orator. This power of accurate and persuasive speech, joined to his conscientious regularity of attendance at meetings of the Board and of its Committees, have given him an abiding influence. It would be much to the advantage of the Hospital if all his colleagues, though unable to emulate his eloquence, would carefully imitate his constant attendance at Committees, and his helpfulness in the routine business which cannot be effectively transacted unless members of the staff attend in adequate numbers.

Lastly, it must be mentioned that at the expiration of his term of office Mr. Page's generous interest in the future welfare of the Hospital has manifested itself in a donation of a hundred guineas, which is, by his request, to be devoted to the cost of the equipment of the new operating theatre for general surgery in the Clarence Wing.

We trust that he may be spared to enjoy many years of quiet happiness in his country home, far from the turmoil of London, and that he will ever have pleasant reminiscences of his years at St. Mary's. It is safe to add that St. Mary's will certainly not forget him.

On Posterior-Basic Meningitis in Older Children.*

By FREDK. S. LANGMEAD, M.D., M.R.C.P.,
Medical Registrar, Hospital for Sick Children.

I do not intend to-night to limit my paper by the bounds which its title would suggest, but for the sake of simplicity I shall first try to paint for you a picture of this disease in its most typical form, and shall then show how such cases as occur in children older than the rule, differ from the type, and what inferences may be made from this variation.

Posterior basic meningitis is a disease of early infancy, and but seldom occurs in children over two years of age. Sir Thomas Barlow and Dr. Lees state that in a series of 110 cases, 84 were in children under 12 months old. Its onset is usually sudden. An infant previously in good health, or showing at most, evidences of catarrh of the nose or air passages, is seized with vomiting and is feverish, it seems "queer" as the mother puts it, it screams without apparent cause, and possibly has a convulsion. In a few hours or days, the more characteristic features of the disease become manifest. The most striking and important of these is retraction of the head. It is no mere falling back due to weakness, but an active contraction of the nuchal muscles, for, if these be felt, they are found to stand out like rigid bands. In most cases the retraction is confined to the head, but, in some, an associated contraction of the back muscles produces a true opisthotonos, so that the shoulders are also bent back, producing a most remarkable deformity. The chest bulges anteriorly, whilst in two cases which I have seen, it was necessary to place a pad between the occiput and sacrum, to prevent ulceration. The arms are fixed in a condition of rigid extension, and frequently superpronation, so that the palms look outwards. The fists are clenched. The legs, too, are rigidly outstretched, and often crossed; the feet arched, with the toes pointing downwards. The spasm which produces this deformity may be continuous, but is more often imperfectly sustained, the remission periods of flaccidity varying widely in duration and completeness. Perhaps next in importance is the state of the eyes. About 33 per cent. of these infants are quite blind, a blindness which is central and not peripheral, since careful examination of the disc reveals optic neuritis only in a very few. The pupils are usually dilated and the upper lids retracted, allowing a margin of sclerotic to be seen, a combination which gives a curious blank staring look to the patient. Squints are not common, except in the later stages of fatal cases. Sucking movements of the lips are sometimes seen, and frequently a grinding and munching of the teeth, which closely simulates the movements of a horse champing at its bit. The mental condition is one rather of subconsciousness than unconsciousness, and attempted flexion of the head is usually followed by a loud querulous cry, with evident signs of pain. In cases going to the bad, this is replaced by a deepening coma. Convulsions, clonic or tonic, may occur, but are not so common as in other forms of meningitis. Vomiting, although by no means characteristic, is a very troublesome and constant feature. It begins early, is explosive in character, and often frequently repeated. Coupled with the difficulty in feeding, which the rigidity and spasms cause, it leads to a degree of emaciation in protracted cases, hardly equalled even in a children's hospital. The mental picture of an infant, lying with arched back, retracted head, with well dilated, staring, but sightless eyes, stiffened by muscular spasm, so that it can be raised *en bloc* by one hand under the occiput and the other under the heels, emaciated so that it looks as though it were made up of a bony skeleton, wrapped in a shroud of skin, is one not readily forgotten. The temperature is raised at the onset to 102° or 103° F., but later is usually slightly above the normal, and has nothing distinctive about it. In acute severe cases it may, however, be high and irregular, and hyperpyrexia is common just before death. The breathing is irregular; sometimes it is typically Cheyne-Stokes in character, but more often the respirations are grouped in batches of threes, fours, or fives. In a few cases a dusky swelling occurs about the joints.

Complications.—The most frequent and fatal is hydrocephalus. In nearly every case which withstands the first onslaught of the disease, a bulging tense fontanelle can be recognised; and even children who have apparently recovered generally show an increasing girth of the head, or evidence of concealed hydrocephalus by convulsions, insanity, paralysis, incontinence, or low moral tone.

Pathology.—The name by which the disease is known, gives the clue to the most constant lesion which it produces. At the posterior part of the base, glueing the medulla to the under surface of the cerebellum, and filling up the cisterna magna, is a diamond shaped area of yellow fibrino-purulent exudate, beneath the arachnoid membrane. Although the inflammatory changes may be confined to this region, in the great bulk of cases they are not, but spread forwards on the base as far as the interpeduncular space and the tips of the temporal lobes, inwards to the ventricles, and downwards to the spinal membranes, producing similar patches of exudate, generally on the posterior surfaces of the cervical and lumbar enlargements. It has been said that involvement of the vertex is very rare; this is certainly an exaggeration, for among the last 50 cases at Great Ormond Street, no less than 19 showed some vertical meningitis. That it never occurs purely or primarily on the vertex is probably nearer the truth. Hydrocephalus of greater or less extent is almost always present.

Bacteriology.—To the clinical and pathological features of the disease, only one more step was necessary to firmly establish its identity, *viz.*, the discovery of a specific micro-organism. This has been accomplished by Dr. Still, who, in 1898, obtained from the cerebrospinal fluid, and grew in pure culture, a small diplococcus in several successive cases. Time has verified this valuable work and the causal relation of this organism to posterior basic meningitis is now

* A paper read before the St. Mary's Hospital Medical Society.

not doubted. With due care it can be grown from the cerebrospinal fluid obtained by lumbar puncture or after death in practically every case during the active stage. It may be known by the following attributes:—It is a very small organism, measuring only 1·5u. in length and occurs in pairs. It is like the gonococcus, in that the adjacent sides of each coccus are flattened and two diplococci are frequently seen together, giving a tetracoccus form. It may be found free, or within the cells of the exudate. It is aerobic, and grows readily on agar-agar, glycerine agar or blood agar, and in broth or milk. On blood serum the growth is scanty. It does not stain by Gram's method. It was said to very closely resemble the diplococcus of Weichselbaum, the cause of epidemic cerebrospinal meningitis, but differ from it in certain cultural properties. I will give these differences in detail, because by this fine thread, hangs most of the evidence which keeps posterior basic meningitis from being enrolled among the types of cerebrospinal fever, evidence which I hope to show later, is quite inadequate and has been falsified by more recent work. Briefly, the differences were said to be *readier growth* and *greater vitality*.

The diplococcus of Still grows readily on agar, and in four hours the culture can be recognised as small, round, slightly raised colonies, looking like drops of gum. The diplococcus of Weichselbaum grows with extreme difficulty, and in the form of a very fine dust. The diplococcus of Still grows readily in broth, that of Weichselbaum not at all. The diplococcus of Still could be kept alive for 24-34 days on agar, and for 53 days on blood agar. The diplococcus of Weichselbaum quickly died. These were the features on which the separate identity of Dr. Still's organism rested, features which he himself thought were "the result of natural variation and represented rather a modification of characteristics than a distinction in kind."

The consideration of the bacteriology leads me to the second part of my paper, in which is discussed the relation of posterior basic meningitis to cerebrospinal fever. Is posterior basic meningitis a disease *sui generis*, or is it only a variation of so-called spotted fever, a condition already rich in variations? I am with the flowing tide in believing in the latter alternative, and am now going to put before you the foundations for that conviction. A certain similarity between the two conditions is at once evident. In both there is an initial coryza, leading to irritability and headache, in both there are rigidity, head-retraction, strabismus, spasms (tonic or clonic), and in both, hydrocephalus is the most common sequela. Let us see what are the chief differences. They arrange themselves naturally into three groups, clinical, pathological, and bacteriological. The synonym for epidemic cerebrospinal fever:—spotted fever, at once suggests one clinical distinction, the presence or absence of a petechial rash. But spotted fever is a bad name. Many epidemics have been described in which no rash was present, and even when present, the proportion of cases in which it is found is less than is generally supposed. In the recent epidemic in New York, it occurred in one-fifth. Herpes, which, in frequency, is next to purpura, was present in one-sixth of the cases.

In the posterior basic meningitis of infants, rashes it is true are very rare, but they do occasionally crop up. Other distinctions are found in the eyes; amaurosis is not a feature of cerebrospinal meningitis, as it is of posterior basic meningitis, on the other hand, optic neuritis is much commoner in the epidemic form (6 in 40 according to Randolph). Lastly, posterior basic meningitis does not occur epidemically.

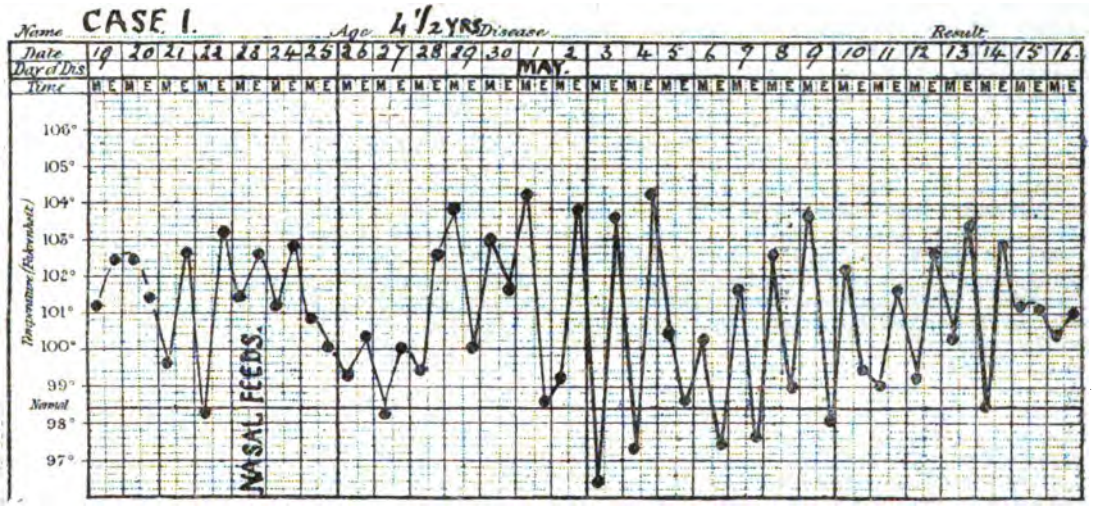
COMPARISON OF CLINICAL FEATURES.

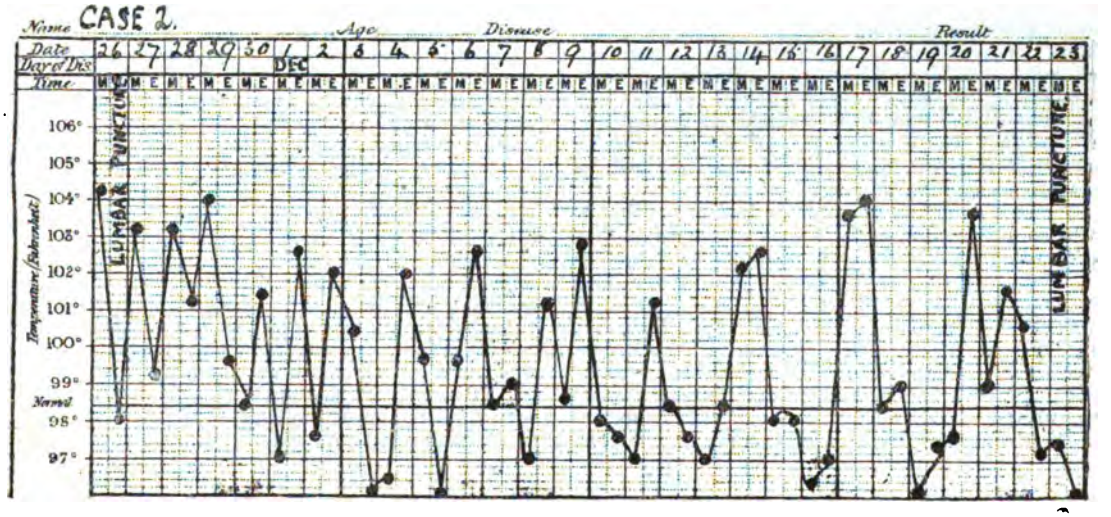
	Rash.	Temperature.	Optic Neuritis.	Amaurosis.
Posterior Basic Meningitis in Infants.	Very rarely.	Usually slight. Higher and irregular if fatal.	3 out of 42 = 7 per cent. (Barlow and Lees).	At least one-third.
Posterior Basic Meningitis in Older Children.	2 in 10 herpes.	8 in 10 irregularly intermittent.	5 out of 10 = 50 per cent.	1 out of 10.
Cerebro-Spinal Fever.	6 in 30 purpuric. 5 in 30 herpes.	No fixed type; but one form, "intermittent."	6 out of 40 = 15 per cent. (Randolph).	Very rare.

On the assumption that perhaps age has something to do with the differences in clinical symptoms, I have put together the cases of posterior basic meningitis in children over 3½ years, which have been admitted into the Hospital for Sick Children since the bacteriology has been worked out. They are but a small group, 10 in all, but afford a very interesting comparison. As far as they go they strongly support the identity of the two diseases. They bear much greater resemblance to sporadic cases of epidemic cerebrospinal fever than to posterior basic meningitis in infants. Only one of the ten was blind, whilst 5, *i.e.* half, had optic neuritis. Two of the 10 had herpes. Another feature which is uncommon in posterior basic meningitis in infants, was present in 8 of these 10 cases. I refer to a swinging irregular temperature, rapidly rising and falling through a wide range, so that the curve is like that of a pyæmia. With the rises of temperature there is frequently increased restlessness and rigidity, possibly rigors, headache, and greater mental disturbance, and sometimes also vomiting. These accessions of fever were described in November, 1904, by Box, in a paper read before the Clinical Society, by the name of "The Crises of Posterior Basic Meningitis." It is noteworthy that the youngest of his series was 9 years old. Now, *this* is a feature which has given its name to one of the classical types of epidemic cerebro-spinal fever, viz., the Intermittent type, described by Von Ziemssen and Stille. I will not trouble you with the notes of all these cases, but will make the last two serve as examples of the series.

Case 1.—A girl aged 4 years and 10 months. The history was that on April 11, 1904, she woke up in the morning and asked for water, which she vomited immediately and then became delirious. Before this

she had been perfectly well. She then complained of headache, and cried out continually. She vomited everything she swallowed, and the headache persisted, and so she was taken to the hospital. There was nothing of importance either in the previous or family history. When examined after admission, she was seen to be lying with her head greatly retracted and spine curved, producing opisthotonos. The eyes were closed, the teeth clenched, and the lips drawn apart. She kept up a continual moaning, and at times was very restless. Vomiting was occasional. The pupils were dilated. Reflexes were all lively. The plantar response was extensor. Kernig's sign was present. There was neither blindness nor squint. She was dazed but not unconscious. Examination of the heart and lungs revealed no abnormality. No urinary change was present. She remained under observation in very much the same condition for 7 weeks, at one time being rigid with great head retraction and opisthotonos, during which she was partly unconscious, at another being bright and quite aware of her surroundings and free from muscular spasm. An important feature was the temperature, which was intermittent in type and for several successive days, remarkably regular in its accessions, attaining its height regularly at 3 a.m., and its lowest point at about 11 a.m. At the height of the fever the restlessness, moaning, stupor and spasm increased. Its daily variation was frequently from 97° to 104° F. The vomiting stopped on the fourth day after admission. She was very difficult to feed, and nasal feeding had to be resorted to and continued without cessation every 4 hours for over 7 weeks. In spite of this she wasted and became extremely emaciated and progressively more feeble, so that her limbs were tremulous when lifted, and her speech was scarcely audible, although quite coherent. Slight optic neuritis developed. As the condition was practically unchanged, iodide of potassium was tried as a last resource, with excellent results. Three grains were





given four times a day. Four days later the temperature had dropped to normal, and she was brighter and sitting up nursing her doll. From this time onwards recovery was rapid, the optic neuritis disappeared, and she gained flesh quickly. Lumbar puncture was successful, but no organism was grown. There was an excess of polymorphonuclear leucocytes. When seen six months later she was apparently a normal child.

Case 2 was that of a boy aged 4 years and 3 months. On November 10, 1904, he was sent home from school because he was complaining of headache, and his head was noticed to be drawn back. He had been sitting playing with some beads, and had suddenly cried out. He vomited after getting home, and from that day until admission, on November 24, he had frequent severe headaches, with vomiting and thirst. On admission, he was found to be lying with head retracted, and any attempt to move increased the spasm. On trying to bend the head forward by a hand under the occiput, the whole body was lifted and he cried out with pain. He was quite conscious, and not blind. The pupillary reflex was normal. There was no squint. The knee jerks were active. The plantar response was flexor. The discs were normal. There was no rash. From admission until December 20th, about one month later, the temperature pursued a very up and down course, varying each day from 96° or 97° to 103° or 104° F., with occasional added irregularities. The rises were sharp, frequently associated with a rigor, and always with great restlessness, screaming headache and thirst. After about an hour, the temperature would suddenly drop and the child again become rational, remaining quiet until the next rise. These accessions were regular in their onset, coming on two hours later each day. His condition remained much the same as that in which he was admitted, except that he became progressively thinner and somewhat more drowsy. He had neither the typical stare nor blindness of a posterior basic meningitis, and was never unconscious. The fundi remained normal. Towards the end of this period he became very feeble and emaciated, and the slightest movement was accompanied by tremor. No change was recognised in heart, lungs, or abdomen. By lumbar puncture a turbid fluid was withdrawn, containing an excess of polymorphonuclear leucocytes, but sterile. On December 21st, 5 grains of potassium iodide were given to him every 6 hours, and from that time onwards the temperature remained normal and convalescence was established. On the 21st, lumbar puncture proved the diagnosis, yielding a growth of the diplococcus intracellularis.

Too much emphasis must not be laid on so few as ten cases, but looking at them with this reserve, they do constitute a bridge between posterior basic meningitis and cerebrospinal fever, since although they were diagnosed as posterior basic, and yielded an organism indistinguishable from that of Dr. Still, they really more closely resembled the latter. Also Koplik records a series of cases showing all the characters of this disease, which arose during the recent epidemic of cerebrospinal fever in New York. Perhaps, too, our own cases are not so isolated as we imagine, as in two or three instances, I found that one case in a street was quickly followed by another from the same.

The pathological and bacteriological differences, I have already to some extent indicated. The exudate in posterior basic meningitis is said to be at the posterior base and about the cord, that of cerebrospinal fever, on vertex, base and cord alike; but, on the one hand, in 19 cases out of 50 there was exudate on the vertex, and 34 out of 50 in the ventricles, and on the other, in cerebrospinal fever, the posterior base bears the brunt of the infection.

Bacteriologically, the narrow gap is being filled up by recent work. Netter states that he has grown the diplococcus of Weichselbaum on broth, and has also kept it alive in an oven for four years, so that the two chief cultural differences no longer hold good.

In conclusion, I will read the notes of a case admitted a week ago, which was clinically one of the most virulent type of epidemic cerebrospinal meningitis, but bacteriologically was in every way indistinguishable from posterior basic meningitis. It was that of an infant aged 11 months. She had been wasting and had had a cough for two months. No more definite history of the onset of the meningitis could be obtained than that drowsiness had been noticed for two or three days. When admitted, she was extremely ill and was partly unconscious. She vomited frequently. The respirations were Cheyne-Stokes in character. No squint was present. The knee jerks were obtained. There was no paralysis of cranial or spinal nerves. Two days later, she developed a few purpuric spots on the eyelids and cheeks. The rash rapidly spread until there was a purpuric mottling over all the face, on the arms and legs, and slightly on the trunk. A few spots were seen on the buccal mucous membrane. She developed a squint, and after two convulsions became comatose and died, three days after admission. *Post Mortem* examination revealed a general purulent meningitis of the brain and spinal cord. The exudate, which elsewhere was creamy and fluid, in the posterior basic region and spinal cord was thicker and denser. In the posterior basic region too, it was in greatest abundance. Pus was present in both ears. Films from the cerebral meninges, spinal meninges, and middle ear showed large numbers of non-Gram staining intracellular diplococci, and cultures from the blood and from the pus in these situations, all grew an organism in every way resembling the diplococcus of posterior basic meningitis.

To sum up:—1. Although there are certain clinical distinctions between posterior basic meningitis and cerebro-spinal fever, yet by an appeal to the records of cases of the former, in older children, those distinctions are lost. 2. Posterior basic meningitis can occur in epidemics. 3. The pathological lesions of this disease have been too narrowly defined. 4. The slender bacteriological distinctions are being nullified by recent experiment. 5. The diplococcus, as described by Still, has been isolated from the blood of a case of malignant epidemic cerebro-spinal fever.

I have to thank the Physicians at the Hospital for Sick Children, by whose kindness I have been allowed to use the records, on which this paper is based.

Notes.

Looking back on the past month one event stands out overshadowing all others in its importance to the Hospital, namely, the retirement of Mr. Page from the active staff.

This is not the place to refer to his many and great attainments, nor to all that he has done for the Hospital. We know what lustre his name has shed on St. Mary's, and his retirement is one of the greatest losses that the Hospital has sustained.

He very kindly consented to mark the occasion of his last visit by giving a brief Clinical Lecture in the Operating Theatre, thus affording us all an opportunity of listening to him for the last time in his capacity of Senior Surgeon, and of bidding a farewell to him who has won everyone's admiration and esteem.

All who could by any means attend crowded into the Theatre at the appointed hour, and Mr. Page spoke as only he can speak; the verve and wit, the beauty of diction, and distinction of phrase, being as entrancing as ever they were.

He spoke only for a short time, but spoke perfectly. As was natural he soon left matters of purely surgical interest and became reminiscent, comparing the times that were to the times that are, and finally in bidding us good-bye he gave us all his blessing.

Dr. Lees then called for three cheers for Mr. Page, and with these, meaning all that hearty British cheers can mean, and expressing all that they alone can express on such an occasion, we bade farewell to him, a great Surgeon, and a courtly English gentleman.

The first of Dr. Wright's lectures was a great success, and a large audience assembled to hear him in the Library. There are to be six lectures in all, on six consecutive Wednesdays at 5 p.m. By the kindness of the Professor, all St. Mary's men are cordially invited.

The new part of the Pathological Laboratory is now in use, and will doubtless be of great value to those working there. Their tasks have been recently added to by an invasion of interviewers, the daily press having at last heard of Opsonins, which, according to one popular halfpenny journal, are "germs that destroy disease."

We offer our most sincere condolences to Lillingstone, who has had the great misfortune to have to go off duty through illness for the second time since he took the post of Junior Obstetric officer. We wish him the best and quickest of recoveries.

At the Inter-Hospital Athletic Meeting, held on Friday, June 8th, Anderson won four events for us. Within an hour and a half he had won the 100 and the 220 yards, and the quarter and half mile races. When we remember that he is in residence at the Hospital, we can find no words wherein to express our admiration at the pluck and energy which produced so marvellous a result.

Only two other St. Mary's men competed, Batchelor and Hayes, the former of whom was unlucky in missing by a tumble, coming in second in one event. We did not win the Cup, as the London Hospital scored four firsts and four seconds, but without doubt Anderson with his four firsts was the hero of the afternoon.

Surely it is little less than shameful that of all the men at St. Mary's not one even turned up to watch Anderson winning pots for us. We should have thought that perhaps *one* man might have been sent as a representative of the various Sports Clubs whose members were presumably engaged at a distance.

Of all our Clubs there is only one this summer whose career has been anything but a failure at present, and that is the Rifle Club. As will be seen in the Secretary's report, this Club is doing great things, and possesses a very strong team. We wish to lend our support to the secretary's appeal

that the Rifle Club should receive this year some additional help from the Amalgamated Clubs' funds. As we have such a good team, it seems only right that they should be allowed some extra money to run their Club, especially so as the entrance fees for the various fixtures are heavy, to say nothing of the expenses incurred in practices.

Tennis is essentially a game of amusement and ought to be treated as such, but to what length is a debatable point. For instance: in a happy moment a match was arranged to be played in our ground between our Tennis Club and that of St. Bartholomew's. Owing to adverse winds (or something) all the Bart.'s men did not arrive at that salubrious harbour of refuge which, in moments of enthusiasm, we call our athletic ground.

So in due course a return match was arranged, to be this time played under the auspices of the Bart.'s Club. Unfortunately by an epidemic perversion of mentalisation all our men were possessed of the delusion that the day had arrived on which it was decreed that they should play University on our own courts. Consequently the St. Mary's representatives turned up at the Scrubbery in force, and there being no opponents they beat the air. This is their first victory of any importance, we believe.

We are asked to express the hope that Bart.'s will not think that we were playing a joke upon them. This we do with all the pleasure in the world, and we hope that they will perceive the humour of the thing. We trust that when the game does come off it will be a monumental success.

Of course it was very hard lines for our cricket eleven to be defeated by University by one run, but there was a time when we were not beaten by even that margin.

We call our readers' attention to the letter published elsewhere on the subject of the newly-formed London University Athletic Club.

The first meeting of this Club will be held at Stamford Bridge, on June 27th. The first event is timed for a quarter to three o'clock.

The Cheadle Gold Medal has been awarded to Mr. E. L. Ash. A special Silver Medal was struck on this occasion for Mr. J. H. Wells whose paper, although not winning the Gold Medal, was adjudged worthy of special recognition. We offer our congratulations to both. The winning thesis was entitled "The Clinical Classification of Acute Pneumonic Processes."

As we go to the press we hear that Mr. C. I. Graham has been appointed Surgical Registrar to the Hospital. Our congratulations to the victor in a hot contest.

We have to thank the head of the Hospital Ladder Department, for so promptly removing the exuberant ladder in the Hall to which we called attention last month. It is so nice to see the place tidy again.

We are asked by the Residents to express their gratitude for the new Board Room Coffee Pot. They greatly appreciate the new arrival after the dwarfed *locum tenens*, and are especially flattered to think that it took several weeks to find, out of all the coffee-pots in London, one worthy to grace their table.

They are humble men, the Residents, and the thought that their wants were so thoroughly investigated and that such great care was expended on them, filled them with a homely and elevating joy. Much may be done by kindness, and in the Board Room they are accustomed to waiting—such waiting!

We are encouraged to call attention to the fact that the spoon provided for the "Coffee Stall" is becoming somewhat *passé* and we fear will soon undergo somatic death. We but mean to do a benevolence by thus raising the alarm, for it is obvious as there is only one spoon amongst a dozen or so men it must needs be of an exceptional durability, and we tremble lest dissolution take place ere a spoon of sufficient physique can be traced.

We understand that the following is used to educate the small patients in the Hospital:

A was the Architect, prosperous man;
B were the Builders who worked to his plan;
C was the Contract—but why mention that?
D is the Debt that has laid us out flat;
E 's the Extension we're eagerly hoping for;
F the Fulfilment we're mournfully moping for;
G is the Gold that we borrowed to finish it;
H is sweet Hope (may we never diminish it!);
I must be Interest, quarterly paid;
J will be Joy when that spectre is laid;
K is the Kudos we'll all be bestowing
On L, the new Lift, when we've once seen it going;
M is the Marble Hall, splendid and white;
N is the Nurse's Home, up out of sight;
O 's for Out-patients that no place can beat;
P stands for Praed, that magnificent Street;
Q the new Quarters we look for in vain,
That R, the new Residents, will not obtain;
S stands for Smoking, that isn't allowed;
T the new Theatres: *won't* we be proud!
U their Utility, needing no proof;
V is the View you can get from the roof;
W 's a Wish that some day we may get
X, an unknown friend, who'll pay off our debt;
And Y's the glad Year that will finally bring
This Z—wealthy Zealot to open the Wing.

The Matron desires to express her grateful thanks to those friends, who have so kindly assisted in securing the election of little Muriel Huggins, at the Ladies' Charity School, Bayswater.

The Matron would be most grateful for gifts of cast off clothing and of old linen—as her store cupboard for these articles is getting very empty.

St. Mary's Hospital Rifle Club.

The Club has turned out again this year in very promising form, with another year's experience to help them battle 'gainst the trickeries of wind, sun, and mirage, and to win the three sightly silver souvenirs, which we hope will be won this year by the best team.

We (the initiated) are all glad to find that our President, Mr. Low, is this year's Treasurer for the Amalgamated Clubs, and hope he will give us something towards the subscriptions and match expenses.

For the benefit of the uninitiated, we define the three cups we are shooting for,—First, the "Armitage Cup" (held by Bart.'s), for which there are 4 shoots at a fortnight's interval, each shoot being 1 sighter and 7 shots at 200, 500, and 600 yards ranges, for a team of 6 from each Hospital; at the end, each team strikes out its worst shoot, and adds up the other 3 scores, the highest total winning the cup. Last year Bart.'s total was 1,514 against our 1,466. The "Arnold Cup" (held by Mary's, we hope firmly) is for the best individual "shoot thro'" at 200, 500, and 600 yards. The "United Hospitals" Cup (holders, Mary's) is shot for at Bisley, about July 12th, during the great meeting, a team of 6 firing 1 sighter and 10 shots at 500 yards.

Besides these, there are various prizes to be won by individuals at the United Hospitals prize meeting. This will probably be on July 18th. There are numerous competitions at 200, 500, 600 and 900 yards, also quick firing and handicaps. Men wishing to be handicapped must shoot often enough to give some idea of their merits. This meeting is an excellent opportunity for any new men to try what "nerves" feel like when shooting in a competition; these same new men will be in great request next year, and more will be wanted, as, of the present team, all ought to be qualified by next year, and their whereabouts uncertain.

Of new men at present, we have three shooting. Of these, J. E. L. Johnston shot in the team for the 1st Armitage shoot, but seemed to find his nerves a bit out of control in his first match, having shot much better in practice. The other two new men are W. L. Cowardin and J. L. Waller, both at present practically of unknown merits.

So far we have had two out of the four "Armitage' shoots. In the first our scores were—

1st pair	O. Heath	77
	A. Fleming	84
2nd pair	J. E. L. Johnston	56
	A. Wilkin	84
3rd pair	R. de V. King	71
	J. Freeman (Capt.) ...	95
	Total	467

—as against Bart's 436.

Guy's meant to come down but forgot, or something.

In the 2nd shoot, on June 6th, we had Lillingstone back; also McIntyre had turned up suddenly in the middle of the night before the match, fresh from green pastures, but, having recently passed the Cambridge Finals, though not having been up to "take his degree," the question arose (still unsettled) as to whether he was really qualified or not, because if so, he was not eligible to shoot unless doing a House appointment of some sort. Seeing the possibility of trouble, we decided to shoot a spare man, and our score, counting McIntyre, was 516, which is the highest total scored in the Armitage since Mary's has had a team in. The score, without McIntyre, and putting in the spare man, King, was 495, which is also quite a good score for a Hospital team. Our individual scores were—

1st pair	O. Heath	81
	C. Lillingstone	78
2nd pair	A. Fleming	84
	A. Wilkin	83
3rd pair	J. McIntyre	90
	J. Freeman (Capt.) ...	97
Spare man, R. de V. King		69

Bart.'s and Guy's made materially less than our score. For the Bisley Cup, the London Hospital will probably also put in a team.

Our prospects for the Cups this year are very good, having all our last year's team available, with two good men at the top, and the rest still improving fast.

The United Hospital Rifle Association is evidently meaning business this year; it is affiliating to the National Rifle Association. This means some matches. There is already one fixed up for July sometime, against Sandhurst. Besides matches, this will, we believe, also give us cheap railway tickets on G.W.R., and possibly encourage some men who are doubtful to come down and try if it is really so expensive; we don't find the team is more broke than ordinary students; but our experience of students may be too small, the exams. are so easy we don't stay long enough. O. H.

St. Mary's Hospital Cricket Club.

CRICKET NOTES.

Exactly half our 1st XI. matches are over. We we have played six and one was scratched. Of the six played we lost the first three, and these were probably the strongest sides we met. We lost the Cup-Tie by one run; had a moral victory over the "Vets," and an actual one over London County Asylum. A graph of these results would show a steady and favourable rise. May we so continue!

The Slough match on our ground had to be scratched on account of rain.

Thomas' were beaten in the Cup-tie first round by Bart's.

The highest 1st XI. batting averages up to date are below:—

1. *E. W. Squire*—162 runs in 6 innings. Highest in an innings 68. Average 27.
2. *S. R. Shirgaokar*—138 in 6 innings. Highest in an innings 62. Average 23.
3. *R. J. Wooster*—36 runs in 4 innings, twice "not out." Highest in an innings 16. Average 18.

In the 6 matches we have played, 50 wickets have fallen to our bowlers. Squire is responsible for 15; Timothy for 12; Straton for 9; Hare for 7; Hirsch for 6.

A return fixture has been made with the "Vets," to be played, and we hope "finished," on our ground on June 20th.

We hope to see some of the "Past" XI. at nets before June 30th; not that they needed much practice to beat us last year.

University College Hospital have scratched in the 1st round of 2nd XI. Cup-ties, so we shall have to meet Bart.'s or Thomas'.

MATCHES PLAYED.

CUP-TIE.—ST. MARY'S *v.* UNIVERSITY COLLEGE HOSPITAL.

This match was played at Chiswick, on Monday, May 28th. It had poured with rain all Saturday and Sunday, so play was impossible till 12 o'clock, when we put our opponents in to bat. With the score at 11, a good return from Hirsch ran out Woodsend. The next wicket fell to Squire, Wooster holding a nice catch at "third man" with the score at 15. Stokes now joined Henderson, and for 8 overs Squire and Hare were treated with but scant respect. Straton was then put on in place of the latter, and in his first over bowled Stokes with a splendid ball. Bowen joined Henderson and the score rose steadily till the former was stumped off Squire. After five overs, Straton was replaced by Timothy, who bowled with marked success, taking 3 wickets for 2 runs before lunch. The score was now 119 for 8.

After lunch, the other 2 wickets fell in 6 overs for 20 runs. Hare and Hirsch started our innings, and in the eighth over Hare was caught, the score standing at 18. Hirsch and Wickham followed with the score at 19 and Archer was out at 20. It did not look at all hopeful for us, but Squire and Shirgaokar stopped the rot, the latter having a brief but merry life for 25; thus 45 were added for the fifth wicket. Lovell joined Squire and 30 more were added before the former was bowled. Wooster now came in and batted very steadily indeed for three-quarters of an hour. Squire reached his 50, gave two chances and was bowled for 51. This left us with 14 to win, and 4 wickets to fall. Timothy was caught with the score still at 126, and Barker was bowled at 132. Straton joined Wooster, who scored six of the seven required to draw before he was bowled, the ball just shaking his leg stump.

SCORES.

University College Hospital.		*St. Mary's.*	
R. N. Woodsend run out	6	T. Hare c Waller b Rogerson	11
A. A. Henderson b Timothy	39	E. S. Hirsch c Woodsend b Rogerson	0
H. K. Waller c Wooster b Squire	1	F. St. B. Wickham b Bowen	1
K. H. Stokes b Straton	33	E. W. Archer b Bowen	0
F. W. Bowen st. Lovell b Squire	17	E. W. Squire b Stokes	51
N. K. Foster b Timothy	5	S. R. Shirgaokar b Henderson	25
A. H. James b Timothy	2	A. G. H. Lovell b Rogerson	13
H. G. Janion lbw. b Timothy	11	R. J. Wooster b Bowen	16
L. K. Cooper c Wooster b Squire	1	T. Timothy c Janion b Stokes	0
H. Stott not out	11	H. L. Barker b Bowen	2
C. J. Rogerson lbw. b Squire	3	A. A. Straton not out	0
Extras—Byes 5, Leg-byes 4, Wides 1	10	Extras—Byes 14, Leg-byes 5	19
Total	139	Total	138

Wooster, who played instead of Litteljohn (the latter preferring tennis to cricket), batted and fielded excellently. The loss of the game might be attributed to many causes—two missed chances, a wide ball, a

short run, bad ground fielding, or even to bad batting —but it does impress upon one the great importance of running hard and fielding very keenly.

The attendance of St. Mary's men was a great improvement on last year, and those who came were rewarded by a very exciting finish. The umpiring was not perfect, but both sides suffered from this defect.

ST. MARY'S *v.* LONDON COUNTY ASYLUM, BEXLEY.

Played at Bexley, on June 9th, this match was the first the Hospital has actually—not morally—won for two years; and it is the second win in three seasons (according to the manuscripts of ancient historians). We won the toss and Squire and Hare started our scoring somewhat slowly. After 15 overs Hare was bowled and Wickham joined Squire the score standing at 29. Wickham was out at 72 and Shirgaokar then got to business at once. He and Squire both played splendid cricket taking 62 and 68 respectively. The former did not give a chance till he was smartly taken at the wicket by Naylor. Our tail wagged but feebly, 6 wickets falling for 40, Wooster alone playing with any confidence. The ground was fast and but little work could be got on the ball, so we were quite prepared to see our opponents knock off the 200 they wanted. Hare sent the first two batsmen back for 8, and Timothy bowled one of their best batsmen at 22. Runs came more freely then and two chances were missed, but Barker took Benger in the slips very neatly with the score at 57. Naylor and Keenan gave us plenty of work and put on 70 for the fifth wicket. Hirsch then replaced Timothy and had them both caught in his first over, Timothy's catch being a very difficult one. After this their tail wagged even less than ours had done and they were all out for 155. Hirsch took 3 for 18 and Squire 3 for 21, but Barker's catches were the feature of our fielding. We hear that Naylor who was so deadly behind the wicket and who batted with much vigour is playing for Essex next week. It was the first defeat the Asylum has sustained this season and the first time they have scored under 200. For the Asylum Keenan took 6 wickets for 44 runs.

SCORES.

St. Mary's.		*London County Asylum.*	
E. W. Squire lbw b Brown	68	Lunn c & b Hare	4
T. Hare b Keenan	7	Brown b Hare	1
F. St. B. Wickham b Lennox	17	Benger c Barker b Timothy	18
S. R. Shirgaokar c Naylor b Redpath	62	Mitchell b Timothy	5
E. Hirsch b Keenan	4	Naylor c Timothy b Hirsch	63
A. G. H. Lovell c Naylor b Redpath	0	Keenan c Shirgaokar b Hirsch	30
R. J. Wooster not out	11	Redpath c Barker b Squire	10
H. L. Barker b Redpath	6	Dr. Evans c Lovell b Squire	3
J. H. Meers b Redpath	6	Dr. Stansfield b Hirsch	8
A. A. Straton lbw b Redpath	0	Dr. Brown b Squire	0
T. Timothy st Naylor b Redpath	0	Lennox not out	2
Byes 11, Leg Byes 10 } Extras	21	Byes 8, Leg Byes 3. } Extras	11
Total	202		155

[Other Matches unavoidably held over.—ED.]

Correspondence.

UNIVERSITY OF LONDON ATHLETIC UNION.

To the Editor St. Mary's Hospital Gazette.

Dear Sir,—With your kind permission I should like to say a few words about the University Sports to be held on June 27th. As will be seen on reading the Posters already forwarded, *all Hospital men*, whether University or Conjoint, are eligible for these Sports. But I wish it to be clearly understood that they are not designed to in any way interfere with or take the place of the United Hospital Sports. It is the object of the University, by these sports, to make all students connected with the University feel that they have a bond in common, and this object will soon be further realised by the starting of University Football and Cricket Clubs. Now as Hospital men are predominent both in numbers and athletic prowess, it is obvious that without cordial support from the Hospitals this idea of representative University Athletics is bound to fall to the ground. So I sincerely hope that there will be a large entry for these Sports, and that in the future men will be willing to turn out for Football and Cricket.

One question may naturally be asked, and that is — Will the Polytechnics be included in this scheme? I may say unhesitatingly that they will not. No posters, circulars, or information of any description concerning the Athletic Union have been sent by me to any of the Polytechnics. In this way a number of men undesirable from a social point of view will be excluded. It may sound snobbish, but it is obviously necessary to keep the social "tone" of the athletics at a proper height, to render them as successful as they deserve to be, and nowhere is this more important than in athletic sports. So I hope that all Hospital men will do their best to turn up and bring their friends.

Tickets may be obtained from the Hon. Secs. of the various Hospital Athletic Clubs, or from me.

In conclusion I should like to say that being a Hospital man myself the interests of the Hospitals in these Athletics will always be most jealously guarded by me; and I shall always be glad to answer inquiries from any one to the best of my ability.

Yours faithfully,

J. H. MEERS,

ST. MARY'S HOSPITAL. *Executive Sec. U.L.A.U.*

Review.

THE PHARMACOPŒIA OF THE EVELINA HOSPITAL FOR SICK CHILDREN, SOUTHWARK. Third Edition. London: J. & A. Churchill (or from the Dispenser). 1/6 net.

A very useful little formulary, to be recommended to students, who are often ill at ease when called upon to prescribe for an infant. Most of the mixtures are intended for children of 6 months. The number of drugs used is refreshingly small, although the book *does* start off with Acetum of Cevadilla seeds.

Appointments.

COOMBS, CAREY F., M.D.Lond., Demonstrator of Pathology to University College, Bristol.
JULER, F. A., L.R.C.P., M.R.C.S., House Surgeon to Mr. Pepper.
KITCHEN, HAROLD E., L.R.C.P., M.R.C.S., House Surgeon to the Tottenham Hospital, N.
PAUL, V., L.R.C.P., M.R.C.S., House Surgeon to the Taunton and Somerset Hospital.
PHILLIPS, H. C., M.R.C.S., L.S.A., Medical Officer to the District of South Paddington.
STEEN, R. H., M.D.Lond., Demonstrator of Psychological Medicine, King's College, London.
WILKINSON, GEO., M.B., B.C.Camb., F.R.C.S., Visiting Surgeon to the Sheffield Union Hospital.

Change of Address.

COTTER, G. E.W., M.B., B.C.Camb., L.R.C.P., M.R.C.S., 40, Church Lane, Tooting, S.W.
DE MORGAN, A., L.R.C.P., M.R.C.S., Um Gariatt, Nile Valley, Assouan, Egypt.
MARTLEY, F. C., M.D.Camb., F.R.C.P.I., 71, Lower Baggot Street, Dublin.

Telephone No.

FORSTER, F. C., L.R.C.P., M.R.C.S. (Teleph. 483 Bournemouth).

Pass Lists.

UNIVERSITY OF LONDON.

M.B., B.S. EXAMINATION (May 1906).

G. P. C. Claridge, E. T. H. Davies, L. Colebrook, W. L. Holyoak.

SUPPLEMENTARY LIST.

GROUP I.

Medicine, Pathology, and Forensic Medicine.

K. M. Gibbins, L.R.C.P., M.R.C.S.

B.S. EXAMINATION (Honours).

J. Gay French, M.B.

UNIVERSITY OF CAMBRIDGE.

M.B., B.C. EXAMINATION.

G. H. U. Corbett, B.A., L.R.C.P., M.R.C.S.

ROYAL COLLEGE OF SURGEONS.

FINAL F.R.C.S. EXAMINATION.

A. F. Hayden. M.B., B.S.Lond.

SOCIETY OF APOTHECARIES.

(May, 1906.)

Surgery	H. S. Chate, B.Sc.
Medicine	H. S. Chate, B.Sc.
,, (Sect. I.). ...	H. A. Fenton.
Forensic Medicine ...	H. S. Chate, B.Sc.
Midwifery	H. S. Chate, B.Sc.
Diploma	H. S. Chate, B.Sc.

The Services.

ROYAL NAVY MEDICAL SERVICE.

PROMOTION.

Surgeon R. M. Richards, L.R.C.P., M.R.C.S., has been promoted to the rank of Staff-Surgeon.

Staff-Surgeon M. H. Knapp, L.R.C.P., M R.C.S., to H.M.S. "Venus" on re-commissioning.
Surgeon W. E. Gribbell, L.R.C.P., M.R.C.S., to Haslar Hospital.
Surgeon R. H. St. B. E. Hughes, L.R.C.P., M.R.C.S., is appointed to H.M.S. "Vernon," additional for H.M.S. "Niger."

ROYAL ARMY MEDICAL CORPS.

PROMOTION.

Lieut. H. G. S. Webb, L.R.C.P., M.R.C.S., to be Captain.

CHANGE OF STATION.

Lieut.-Colonel T. E. Noding, L.R.C.P.Edin., M.R.C.S., from Maritzburg to Cape Town.
Captain H. B. G. Walton, L.R.C.P., M.R.C.S., from Barbadoes to Devonport.
Captain C. H. Straton, L.R.C.P., M.R.C.S., from Dover to Brighton.
Captain C. H. Furnivall, L.R.C.P., M.R.C.S., from Aden to Eastern Command.
Lieut. O. Ievers, M.B.Lond., L.R.C.P., M.R.C.S., from Wynberg to Middleburg, Cape Colony.
Lieut. E. G. R. Lithgow, L.R.C.P., M.R.C.S., from Aldershot to Pretoria.
Lieut. J. M. B. Rahilly, M.B., B.S.Lond., L.R.C.P., M.R.C.S., from Aldershot to Egypt.

INDIAN MEDICAL SERVICE.

PROMOTIONS.

Captain Leonard Rogers, M.D.Lond., F.R.C.S., to be Major.
Lieut. L. Reynolds, B.C.Camb., L.R.C.P., M.R.C.S., to be Captain.
Lieut. E. C. Taylor, M.B., B.C.Camb., L.R.C.P., M.R.C.S., to be Captain.
Lieut. A. W. Whitmore, B.C.Camb., to be Captain.

Captain A. F. Pilkington, L.R.C.P., M.R.C.S., has been posted to the Jullundur District as one of the Medical Officers for Plague duty, by the Punjab Government.

VOLUNTEERS.

George E. St. C. Stockwell, M.B., B.C.Camb., is appointed Surgeon-Lieutenant 3rd Vol. Batt. Prince of Wales' Own West Yorkshire Regiment.
Antony A. Martin, M.D., B.S.Lond., D.P.H., is appointed Surgeon-Lieutenant 1st Sussex Regiment.
A. H. Foster, L.R.C.P., M.R.C.S., to be Surg.-Lieut. 1st (Hertfordshire) Vol. Batt. Bedfordshire Regiment.

IMPERIAL YEOMANRY.

Surgeon-Lieut. R. A. Draper, L.R.C.P., M.R.C.S.. (late Surg.-Lieut. 1st East Riding of Yorkshire Royal Garrison Artillery (Volunteers), Surg.-Lieut. Army Medical Reserve of Officers) to be Surgeon-Lieutenant.

Announcements.

BIRTHS.

TUCK.—On April 9th, at 38, Love Lane, Penang, the wife of Gnoh Lean Tuck, M.D., B.C.Camb., of a son.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XII.—No. 7. JULY, 1906. Price 6d.

Notes.

The announcement that Professor Wright had received a Knighthood caused much delight throughout St. Mary's, and the thought that his work had met with official recognition was very gratifying. But we know full well that such an honour is but little to the honour in which he is held throughout the world of Science.

We know that no work can compare in brilliance or importance with that of Dr. Wright. To find such work we have to go back to the time of the great Pasteur himself. We of St. Mary's are proud to think that his name is associated with that of our Hospital.

We offer our sincerest congratulations to Sir Almroth and his merry men.

After a delay, due we believe to the necessity for altering the bye-laws of the Hospital, the Professor has been appointed to a position on the Hospital Staff as Director in Medical Charge of the Department for Therapeutic Inoculation.

Dublin University has also honoured him by conferring the degree of Doctor of Science upon him early this month. We cannot forbear to quote the translation of the Latin eulogy with which the Public Orator introduced Dr. Wright for his degree.

Now I bring forward a man worthy of all admiration, who has derived his culture from ourselves, and who has quite recently been honoured with knighthood by the King, Almroth Edward Wright, at first an able physician, then a learned student of the law, always an ardent lover of letters, and now a foremost soldier in the ranks of science. Like the Carthaginian of old, he knows all tongues, and he uses them not merely to be better able to make his own the information acquired by foreigners, but more especially that he may cull the flowers of culture from every land; and I can testify to his devotion to the stern poet Dante. Endowed with these gifts, when after long study he was appointed Professor of Pathology at Netley, at once he showed in the pursuit of science

"The force of living worth."

For it was the life and energy in his nature which created in the students who were formerly so listless such eagerness, such industry, and such emulation in the discovery of truth, that soon there issued from his school, as from the Trojan Horse, none but men of mark, instinct with the energy and lofty enthusiasm of their master. Now he is Professor of Pathology at St. Mary's Hospital in London, and is pursuing his own branch of science with indefatigable diligence. Some time ago he discovered with great success certain kinds of injections whereby typhoid fever can be mitigated. Now he has advanced to a more profound and general line of study, and he is investigating the vaccines by which the serum of the blood can so weaken bacteria that it can therefrom provide, so to speak, a rich feast for its own corpuscles; and, further, he is perfecting the tests for discovering the process of this weakening. So great a man, as it were devoted and set apart to root out, as far as he can, all the ills that flesh is heir to, who has essayed great tasks, is essaying greater, and soon will, I trust, accomplish the greatest, now that he is going to obtain our highest honours, greet with your warmest applause.

The vacancy on the Surgical Staff caused by the retirement of Mr. Page has been filled by the appointment of Mr. Maynard Smith, who has lately completed his term of office as Surgical Registrar. We congratulate him on his well-deserved success.

As announced last month Mr. C. I. Graham has followed Mr. Maynard Smith as Surgical Registrar.

The post of Medical Registrar has been vacated by Dr. Willcox, and to it Dr. Langmead has been appointed. Dr. Langmead comes back to St. Mary's from the Hospital for Sick Children, Great Ormond Street, where he has been Medical Registrar for over two years. He should, however, be well-known to the present generation of us by his paper on Posterior Basic Meningitis which we published last month, one of the most original and able contributions that we have had these many months.

The Annual Distribution of Prizes was this year made by Surgeon General Sir Alfred Keogh, M.D., K.C.B., on July 16th. And after the prizes had been presented, the beautiful Memorial Bronze in the entrance hall of the Clarence Wing was unveiled. The Bronze has been erected to the memory of the members of the Hospital and Medical School who lost their lives during the South African War.

A full report of the proceedings will be found in another column.

In the evening of July 16th a very successful concert in aid of the funds of the Students' Cot was given by the members of the St. Mary's Hospital Musical Society. Out of a long and varied programme mention must be made of a Lullaby composed by the Secretary of the Musical Society, Mr. S. L. Brimblecombe, which was very cordially received and had to be repeated.

We are sure that the Committee of the Students' Cot Association are very grateful to the Musical Society for getting up so good a concert in aid of the fund, and we hope that a considerable sum was made as a result of the entertainment.

The Students' Cot was itself on view on the day of the Prize Distribution, and was greatly admired. Over the head of the Cot is a bas-relief of the Hospital Crest, which is most beautifully executed.

We are glad to think that the Association has started so well, and has up to the present been so successful. It shows that the Students do care for the welfare of their own Hospital—as indeed they should—and are willing to help as they are able. We hear that there are still some more guarantors wanted. Walk up, gentlemen, please.

We offer Mr. Clayton-Greene our most sincere congratulations on his quick recovery from the perilous disease of appendicitis.

Mr. Herbert Page will be the speaker at the first meeting of the Medical Society on October 10th. We do not doubt that all members will be present to welcome our late Senior Surgeon amongst us once more.

We understand that a private testimonial as a mark of esteem to Mr. Page is being got up by his late colleagues, residents and dressers. Mr. Lane and Mr. Low are acting as the secretaries.

"Stirring times these," said one as he passed the Porters' Lodge, "Professor Wright knighted, a new surgeon on the staff, a new surgical registrar. . ." "Yes, sir," was the answer, "but have you heard that Mr. Anderson has won the hundred and the quarter at Dublin?"

And so it was. After travelling all night Anderson carried off these two events, running for the United Hospitals against Dublin University. Another fine performance.

An account of the most successful of our Clubs—the Rifle Club—will be found elsewhere. We congratulate its members on the way they have worked for their successful record for the year.

The Cricket Club brought their year to a fitting close at Henley, where they were beaten by the Past Eleven to the tune of 417 to 55. We assume this must have been the last match of the season; it seems to spell annihilation. Somehow we don't seem able to play cricket much, do we?

We note that Mr. L. R. Marshall has been awarded the Government Grant, for the second time in succession for efficiency in Vaccination, as the Public Vaccinator to the Mary Tavy District, Devon.

The publication of this month's Gazette has been purposely delayed to a later date than usual.

Observations on Two Patients with Abnormal Heart-Sounds at the Pulmonic Area.

By CAREY COOMBS, M.D.Lond.,

Physician to Out-Patients, Children's Hospital, Bristol; Curator of the Museum, General Hospital, Bristol; Demonstrator of Pathology, University College, Bristol.

Apart from the fact that in each of these children the heart-sounds as heard at the pulmonary area were unusual, there is no other point in common between them; yet as each case teaches its own not unimportant lessons, it seems worth while to string them together in this otherwise inconsequent way.

The first case is very like that recently reported to one of the London Societies by my friend Dr. Langmead. The patient, a child about a year old, was brought to the hospital on account of peculiarly obstinate constipation, which had given trouble ever since birth. Enemata of various sorts had always been needed in order to ensure an action of the bowels, while aperients had for the most part proved absolutely valueless. The motions were large and firm, similar in these points as well as in their colour to the dejecta of an adult; not till a few days before I saw him first was there blood or mucus in the stool, and their appearance at this late stage seemed due to the enemata of various kinds which were being given nearly every day. The abdomen was full, especially in the flanks; but there was no peristalsis to be seen or felt, neither was there any palpable lump. In the left iliac fossa could be felt a thick round cord-like structure, which may have been the sigmoid flexure. The anus was natural, and not strictured.

What was the cause of the constipation? Was it only "sluggishness of the bowels," as the man in the street so vividly describes it, or was there some other influence at work? The bulk of the motion, the absence of a tumour and of acute abdominal events, together with the plumpness and general well-being of the child, all told against the diagnosis of organic stricture of the bowel, and some other solution of the problem seemed necessary. The bulk of the motion recalled to my mind a case in De Hirsch in 1902 under Dr. Caley, when I was his house physician; a boy of 8, with a big abdomen and obstinate constipation of long standing, who proved to have an enormously dilated colon. Such cases form a well recognised group, under the title of "idiopathic dilatation of the colon." The cases hitherto described appear to be divisible into two main groups, congenital and acquired, according to the age at which the bowels begin to be constipated. It is a matter of controversy as to whether in the congenital cases the dilatation, which is usually accompanied by hypertrophy, is really idiopathic or whether it is secondary to a developmental stricture of the lower part of the large bowel. As each side is able to claim at least one autopsy in support of its theory, it seems that we must relegate this ætiological question to the long list of "may be" facts which form such convenient loopholes of escape to the nearly cornered examinee.

At the first glance, the most striking thing about the boy was the condition of his eyes; there was convergent squint of a high degree, and incessant coarse side to side nystagmus. On closer examination these departures from the normal proved due to the fact that the education of the external ocular muscles had been interfered with from the very beginning by cataract in both eyes and the consequent blindness from birth.

As a matter of routine the chest was examined; the first indication of anything wrong was the great width of the area of cardiac pulsation, which was just palpable to the right of the sternum. No thrill could be felt anywhere, but auscultation discovered a long loud murmur, almost deserving of the description "rasping," replacing the first sound, and filling almost the whole of the first pause, heard with greatest intensity over the left chest from the third space upwards. It did not travel into the neck, but it was heard clearly between the spinal column and the vertebral border on the left scapula, and also to the right of the sternum. This bruit was not influenced by posture or by respiration; it was present and unaltered when the child was last seen, six months after the first examination, so that there can be no doubt, in spite of the absence of cyanosis or dyspnœa, that there is a small degree of congenital narrowing of the pulmonic orifice. It may be here remarked, first, that cases of congenital heart disease are not so very infrequently met with in the out-patient department of a children's hospital; second, that congenital malformation of the heart may give rise to no subjective symptoms whatever, although unmistakable physical signs are produced; and lastly, that it is sometimes possible in the presence of cyanosis and other such symptoms to infer the presence of a congenital heart lesion in spite of the absence of cardiac physical signs.

Here, then, was a child with congenital cataract and congenital heart disease. In view of the fact that congenital like other troubles usually come in a crowd, such a coincidence of lesions was a valuable hint to me, first, to look upon the constipation as congenital, and therefore likely to be intractable, and second, to pay more serious attention to certain aspects of the patient than I had given till then.

The boy was plump and had a good healthy skin, and seemed to notice things as much as might be expected; his cry however was peculiar in quality,

and his cranium was small in proportion to his face. The bridge of the nose was flat and wide, the eyes were obliquely set in his head, the outer canthi being so to speak tilted upwards, and at the inner canthus was a fold of skin bridging over the caruncle. These unmistakable stigmata of Mongolism set me looking at the hands, where however I failed to find the short incurved little finger so often met with in this form of idiocy. The case was therefore one of multiple associated congenital defects, congenital heart disease, Mongolism (these two are often met with together, as Dr. Garrod has pointed out), congenital cataract, and (probably) congenital dilatation of the colon; and it was of the utmost importance in giving a prognosis to have a complete picture of the case in the mind's eye.

The other patient also came under my notice at the Children's Hospital, with symptoms suggestive of a slight attack of bronchitis. She was a girl of 11, rather tall and thin, with a pallid complexion and a bluish malar flush. Her mother said that at the age of three she had pneumonia; this is confirmed by Dr. Theodore Fisher, who saw her at the time, and who has kindly told me two things of great importance, namely, that the pneumonia resolved very gradually, and that there was no signs of cardiac disease at that time. Since this illness eight years ago, she has been very liable to colds in the chest. On examining her chest from time to time, I have noted the following points:—there are signs of pulmonary fibrosis and contraction, more definite apparently on the right side. The area of cardiac pulsation is large; there is a hollow below the right clavicle, and some sinking-in along the right border of the sternum. At the right base the percussion-note is dull, and in the same area crepitations are generally audible, probably pleuritic in origin. Whenever she has caught a cold, echoing rhonchi and sibili are heard on both sides, back and front. Mention must also be made of a dry creak which is respiratory not cardiac in rhythm, heard over a small area at the inner end of the third left interspace. At the first glance the outstanding feature was the large area of cardiac pulsation, which extended well to the right of the sternum. But more striking still was a fact ascertained by palpation, namely, a rough vibratory thrill at the inner end of the second left interspace and third left costal cartilage, felt over an area no larger than a crownpiece and entirely systolic in time. The cardiac dulness was wide, extending at least two finger-breadths beyond the right margin of the sternum in the fourth space. The heart-sounds at the pulmonary area were of great interest: the thing that absorbed all one's attention in a cursory examination was an extraordinarily loud rough systolic murmur travelling only a very little distance in any direction from the pulmonic cartilage, indeed, it was not heard in the back or even at the point of maximum impulse, and it was scarcely audible beneath the middle of the left clavicle. For the moment the only diagnosis that occurred to me was that of congenital pulmonary stenosis, a diagnosis which would hardly have been entertained had I known at the time what I learnt later from Dr. Fisher, namely, that the child's heart at three years old was free from signs of disease.

When, however, I examined her lying down, there was so remarkable a difference in the signs that it was almost impossible to believe that it was the same chest. The systolic murmur was barely heard, and the thrill had entirely disappeared. Further, it was possible to establish a definite interval between the first sound and the beginning of the systolic murmur; and, more important still, the bruit which was scarcely audible during ordinary breathing in the prone position became loud again at the end of a deep expiration. And lastly, it was possible to hear a short mid-diastolic murmur inaudible in the upright position, which, like the systolic murmur, was loudest at the end of a deep expiration; its most remarkable feature was that it was, so to speak, hung midway between the end of the second sound and the beginning of the first sound, and continuous with neither. These bruits were therefore not to be considered as evidence of cardiac disease; they were "cardio-pulmonary" murmurs, exocardial in origin. Such murmurs are characterised by (*a*) localisation to a small area; (*b*) wide variations in their intensity and nature in the different periods of respiration; (*c*) alterations with change of posture; (*d*) unusual relations with the cardiac sounds, with which they are often discontinuous, as in this case. The commonest type of exocardiac murmur is a systolic bruit at the apex, which may readily lead to a wrong diagnosis of mitral insufficiency. Those heard at the basic areas are usually of the nature of "traction" murmurs; diastolic bruits of exocardiac origin are not at all common over any region of the heart. In the case here described the systolic bruit is most likely due to pleuropericardial adhesions dragging on the pulmonary artery near its origin; this would explain the greater intensity with expiration and an upright posture, as well as the coarse thrill, which can be due to nothing less than some sort of obstruction or distortion of the flow of blood through the pulmonary artery. As for the diastolic murmur, it is impossible to formulate any theory as to its causation. From its character there can be no doubt that it is not due to cardiac disease; but to what abnormal relation of heart to lung it actually owes its origin cannot be ascertained. Diastolic bruits at the pulmonary area, exclusive of those due to aortic insufficiency, are rare enough to make an enumeration of the possible causes worth while. (1.) There have been cases recorded where disease, either congenital or acquired or both, has rendered the pulmonary valve incompetent and caused a diastolic murmur at the pulmonary area. (2.) A "functional" insufficiency of the pulmonary orifice, due to overstrain, has been met with in mitral stenosis and other conditions of obstruction in the lesser circulation. (3.) Exocardial murmurs, due to pleuropericardial friction or adhesion, to alteration of the relations between the lung and the great vessels by disease of the lung, pleural effusion, or deformity of the chest, may, as in the case here recorded, be diastolic in time.

Postscript.—Since writing these notes, I have witnessed the death of the younger child after five days' acute symptoms, beginning with rhinitis (not diphtheritic). After three days the bowels became unusually relaxed, and on the day before his death

they were moved five times, a large amount of semi-solid material being passed each time. The final stage consisted of excitement rapidly passing into stupor, with rising pyrexia, and—a fact of peculiar interest—with left-sided clonic convulsions. Perhaps these last were analogous to the cases of tetany recorded (to quote Dr. Langmead once more) in association with dilatation of the sigmoid flexure.* I very much regret to say that I had no opportunity of inspecting the abdominal viscera after death.

Obituary.

Lieutenant FORBES TULLOCH, R.A.M.C.

It is with deep regret that we note the sad death of Lieut. Forbes Tulloch. He qualified in 1901 and went to South Africa as a Civil Surgeon, and in 1903 he obtained a commission in the Royal Army Medical Corp. Last year he went to Uganda as a member of the Commission for the Investigation of Sleeping Sickness, and about four months ago he contracted this disease by wounding his hand with an infected knife. He was invalided home and was treated in the Queen Alexandra Military Hospital, at Millbank, but the disease ran an unusually rapid course and he died on June 20th, at the early age of twenty-seven.

We who remember him during his student days, recall his good nature, his generosity and the geniality of his bearing, his character being such as made him ever one of the most popular of men amongst us. We remember too the enthusiastic way in which he worked at any subject in which he was interested, such as micro-photography, to which he devoted much time and with conspicuous success.

In a peculiarly sad and tragic way his life was cut short and his name added to the long and honourable list of those of our profession who have met their death at their noble calling. In him Science loses a devoted servant lost in her own service and St. Mary's honours him for his life and for his death.

Medical School Prize Distribution.

The Session of the Medical School wound up as usual with the presentation of awards, for the performance of which function the School was honoured with the presence of Surgeon-General Sir Alfred Keogh, M.D., K.C.B., Director-General of the Army Medical Service. Dr. Lees presided over a large attendance of the students, parents and friends and members of the Hospital Staff, the gathering being held in the Library.

The Chairman, in a few prefatory remarks, said they met there that afternoon for the formal closing of the Session, a delightful and fascinating thing for the medical student after months of arduous work and study. This year, he added, there were two special items on the programme to which he would draw their attention. The first was the unveiling of the memorial which had been erected to those members of the Hospital and Medical School who lost their lives in the course of the war in South Africa. Secondly, it was hoped that at the end of the presentation every person present would take the opportunity of visiting the Crawshay Ward and seeing the "Students' Cot," which had been provided by the voluntary efforts of the students of the Hospital.

The Dean (Dr. Caley) then read his report, and, before sitting down, said he was sure they would all join with him in offering congratulations to Sir Alfred Keogh on his promotion to K.C.B., which not only conferred an honour upon him personally, but also upon the whole of the medical profession (applause).

Sir Alfred Keogh then distributed the scholarships, prizes, and certificates of honour, and as each student went up to receive his award he was heartily applauded by his confreres.

The ceremony over, Sir Alfred Keogh made a short speech, couched in felicitous terms. He said he felt it a great honour to be invited there that afternoon to distribute the prizes. He felt that he was a most inappropriate person for such a distinction, because his work had been along paths which were essentially different to those which would be pursued by the students who had obtained those prizes. Yet, on the other hand, he thought there was something appropriate in his coming there. St. Mary's Hospital was so well represented in the public services, and especially in his own branch of the Army, that he felt that in some way the students of the Hospital would take in some sense a personal interest in himself as the chief of a Service which had in its ranks so many men who had been in the School (applause). On occasions like that one was expected to give the students some advice. He was, however, not going to give them any advice. As a matter of fact, he had never followed anyone's advice (laughter). If he were to choose a career for all the students he saw in that hall, he would at once say they should follow the career that he had followed. Let them come where there was less money, but perhaps a little more glory. Yet he felt there were many who did not like to leave home or to make a long severance from father or mother, sister or brother, or dear friends, and who for that reason entered a private practice with its elements of uncertainty. One could not help feeling a little anxious about the careers of those leaving that School, because their paths were very thorny indeed. Yet, he was happy to say there were fewer people going into the medical profession—far fewer than in his day. The little honour and glory to be gained in their profession was directly connected with that fact. The outlook for medical men nowadays was better than it was before. For that reason, perhaps, one might not feel so anxious about them (the students). He had served in many countries, and had seen a great deal of the British medical profession and the medical profession of other countries. He had seen many fall, and he had seen many succeed. He knew of many men who had left the profession and fallen, and

* Clin. Soc. Trans. 1905.

of many who had left it and risen. He was once told that there was nothing in the medical profession which led to anything great until they had left it. Even if some of those present should leave the profession they had taken up, they would have the satisfaction of knowing that they had had a training in that School second to no other training in the world, save and except, as he thought, the military training. In conclusion, he said he felt he had been highly honoured, and he should ever remember the compliment paid to him by the Staff of St. Mary's Hospital (applause).

Dr. Phillips proposed a vote of thanks to Sir Alfred, which was seconded by Mr. Juler and carried with acclamation.

Mr. H. A. Harben (Chairman of the Board of Management) moved a vote of thanks to Dr. Lees, who, he said, took a great interest in the affairs of the Hospital and brought the Board of Management into close touch with the Medical School.

UNVEILING OF THE SOUTH AFRICAN WAR MEMORIAL.

The company then proceeded to the entrance hall of the new Clarence Wing, where a bronze memorial tablet had been erected to the memory of seven members of the Hospital and Medical School who lost their lives during the South African War.

Mr. Harben, as Chairman of the Board of Management, extended a hearty welcome to the assembled company. Speaking as a civilian, he said he had no peculiar aptitude for hardship. But they all offered up their gratitude and admiration to those persons who came forward and fought the battles of their country, especially those who did so without any hope of glory, as, being members of the medical profession, they did not have the advantages of a combatant officer, and consequently received very little glory and very little reward. If Sir Alfred Keogh considered himself an inappropriate person to distribute the prizes to the students, he was certainly performing an appropriate task in unveiling that memorial, because he was the head of those who gave their lives for their country in the performance of their medical duties. The names on the memorial included a member of the nursing staff and two combatant officers, formerly connected with the Hospital, who volunteered for active service. The memorial was fostered by Mr. Stanley Bird, his predecessor, a distinguished member of the Volunteer forces.

Sir Alfred Keogh, in unveiling the memorial, said that every medical school and every hospital with a medical school attached had had occasion to be grateful to those who had died at the call of duty. He ventured to think that no school and no hospital could better remember those who had died in the cause of duty, in the cause of science, and for their country than St. Mary's. It was a great honour to him to unveil that memorial, especially as it contained the names of two officers of a corps over which he had the honour to preside. He hoped the memorial would in future be an incentive to students to come forward and do their duty to their country in time of need (applause).

Subsequently the visitors inspected the wards of the Hospital and laboratories of the Medical School, which had been specially thrown open for the occasion. The "Students' Cot," for which an endowment is being raised by the students, was an object of admiration.

Tea, coffee, and light refreshments were served in the new Board Room, and altogether the gathering proved a happy consummation to a most successful Session.

Rifle Club.

After a hard season's shooting, in which half the team were trying to combine shooting with their work, and the other half work with their shooting, we have succeeded in altering the Library decorations to this extent. We have won the Armitage Cup, which Bart.'s had last year, and have lost the two we had last year. The Arnold Cup was only lost by one point. In the Bisley shoot our team made the identical score that won the Cup two years ago, while Guy's managed to blossom out with a record score for this match. That means two record scores this year—our second Armitage score and the one mentioned above.

The Bisley scores were—

Guy's	...	...	270
Mary's	...	...	248
Bart.'s	...	...	226

In the U.H. Prize Meeting on 10th July, the Arnold Cup was won by Henderson, of Guy's, with 91, Freeman and Heath being 2nd and 3rd with 90 and 89 respectively. Mary's pulled off some other prizes, Fleming winning the Rapid firing, and being 3rd in 600 yards unlimited with 46 out of 50. In the Aggregate of all the scores Fleming was 3rd and Heath 4th. The full list of scores and prizes is not out yet.

Freeman and McIntyre have had too much work to get in much shooting this year, both of them last year won several prizes for the honour of Mary's. The united team was beaten by Sandhurst by 19 points—Sandhurst made 794. They also put in a team of Tyros for the Spectator's prizes at Bisley on 12th July; they did not win, and also were not near the bottom end of the list. Nothing is left now but a few individuals pot shooting at the Bisley meeting; this shows some men, at any rate, *think* they are good; in fact, it has been noticed lately that the appearance of an inner instead of a bull's-eye is greeted with language of a tint similar to that of the marking disc. N.B.—The Inner is shown by a Red disc at Runnemede.

O. H.

St. Mary's Hospital Cricket Club.

PAST *v.* PRESENT.

This match was played at Henley on Saturday, June 30th, Mr. Morton Smale inviting the teams down and showing them his usual great hospitality. We only regretted the unavoidable absence of the Presi-

dent, Mr. Clayton-Greene. The Present had the worst beating they have had this season, but they would sooner have had it from the Past than from any other XI. The score tells the tale of the match better than any description could do.

SCORES.

Past. *1st Innings.*		*2nd Innings.*	
R. R. Cruise c & b Timothy	119	b Squire	0
F. J. Poynton b Timothy	85		
E. C. Hobbs c Hawkins b Hare	125		
R. Hobbs b Squire	65		
J. Ellerton not out	6	not out	28
H. S. Ollerhead c & b Squire	1	b Straton	0
B. Pares lbw b Squire	7	lbw b Squire	0
J. J. Louwrens	did not bat	c Straton b Timothy	0
W. S. Mitchell		c Lovell b Squire	5
S. Nix		b Squire	13
J. H. Harrison		c Lees b Straton	1
Extras	9		
Total for 6 wickets	417	Total for 7 wickets	47

Present.	
E. W. Squire run out	1
H. L. Barker run out	0
T. Hare b Poynton	2
S. R. Shirgaokar b Mitchell	19
E. S. Hirsch b Mitchell	6
A. G. H. Lovell b Poynton	0
A. A. Straton run out	4
R. J. Wooster run out	0
K. A. Lees b Cruise	10
C. T. Hawkins b Cruise	6
T. Timothy not out	3
Extras	4
Total	55

ST. MARY'S 2nd XI. *v.* LONDON HOSPITAL 3rd XI.

Played at St. Quintin's Park on Wednesday, May 23rd. The result was as it should have been, for by force of circumstances we played several of our 1st XI. We won by 8 wickets.

SCORES.

London Hospital.		*St. Mary's.*	
T. Clouston b Squire	32	Hare b T. Clouston	31
De Meya b Hare	9	Hirsch c and b H. Owen	64
E. Clouston b Straton	22	Wickham c and b T. Clouston	6
Owen b Squire	2	Squire b E. Clouston	29
Udman c and b Squire	3	Wooster c and b E. Clouston	10
Waller b Squire	0	Barker not out	7
Aveling c and b Squire	0	Mathews not out	4
Mortimer b Straton	14	Straton	Did not bat.
Moseley not out	4	Meers	
Maidment b Straton	0	Hayes	
Scott b Squire	0	Cowdroy	
Extras	9	Extras	15
Total	96	Total	166

ST. MARY'S 2nd XI. *v.* ST. THOMAS'S 2nd XI.

This match was played at Chiswick on Wednesday, May 16th. Both sides were playing several of their 1st XI. We batted poorly, Straton alone scoring double figures, and only compiled 81. We were beaten when our opponents had 6 wickets down, and up to this point Nield had done almost all the scoring for them, making 58 without giving a chance. Hare bowled throughout the innings, taking 8 for 50.

SCORES.

St. Mary's.		*St. Thomas's.*	
E. W. Archer b Foote	8	Sutton ct Meers b Hare	13
T. Hare c Marshall b Foote	7	Nield ct Straton b Hare	58
A. G. H. Lovell c Nield b Foote	3	Shipton b Hare	7
E. S. Hirsch c Hall b Field	9	Foote ct sub b Straton	3
A. A. Straton c Patey b Foote	19	Mann ct and b Hare	6
A. J. V. Mathews c Foote b Field	4	Hall not out	10
H. L. Barker c Shipton b Field	6	Bardwick b Hare	6
R. J. Wooster st Nield b Shipton	4	Marshall b Hare	32
J. H. Meers c Marshall b Shipton	7	Fisher b Hare	6
A. A. H. Cowdroy not out	1	Patey b Hare	1
A. N. Other run out	0	Dobell b Hirsch	4
Extras	14	Extras	5
Total	82	Total	151

ST. MARY'S 2ND XI. *v.* SLOUGH 2ND XI.

Played at home on Saturday, June 2nd. We did not begin till 3 p.m., and in spite of rain in the morning the ground was very fast. Slough were weak in fielding, and at 5.15 we declared with 199 for 5 wickets. We started our fielding well, Straton getting 2 wickets in his first two overs for nil. After this the batting was slow and our fielding slower, and the game fizzled out, our opponents having 91 for 4, when stumps were drawn at 6.45.

S. Mary's.		*Slough.*	
E. W. Archer b Thorpe	8	Fisher b Straton	1
E. S. Hirsch b Thorpe	21	Gooderson b Straton	0
R. J. Wooster b Fisher	4	Thorpe c Hawkins b Hirsch	29
T. Hare b Proctor	44	Johnson not out	29
A. G. H. Lovell c Johnson b Thorpe	53	Proctor c & b Straton	28
H. L. Barker not out	17	Walter	did not bat
C. T. Hawkins not out	9	Owen	
A. A. Straton	did not bat	Shaw	
Jenkins		Smart	
J. H. Meers		Baker	
T. A. F. Tyrrell		Fisher	
Extras	43	Extras	4
Total for 5 wickets	199	Total for 4 wickets	91

BOWLING.

University College Hospital.

	Overs.	Runs.	Wkts.	Avgs.
Squire	17	50	4	12·5
Hare	6	36	0	—
Straton	5	32	1	32
Timothy	5	11	4	2·75
St. Mary's.				
Bowen	23	47	4	11·19
Rogerson	12	26	3	8·6
Stokes	10	19	2	9·5
James	5	11	0	—
Henderson	2	16	1	16

ST. MARY'S *v.* VIRGINIA WATER SANATORIUM.

We took down a full team this year, but the least said about our batting the better. Wickham alone came off, and their slow leg break bowler made havoc fo us, taking 5 for 37. We started our leather hunting well, getting three good men out for 30, Baker holding a brilliant catch at square leg. Then two left-handed batsmen got the better of the bowling and we saw some very pretty batting. Hare, though he only took 2 for 88, bowled splendidly for 26 overs, and but for dropped catches he would have had a deservedly better average. Squire bowled 17 overs and took 4 for 46. The tenth wicket put on 60 runs, both Dr. Harper and Stinton batting very nicely. The former has kindly promised us a fixture next year, and we can only hope to try and make a better show.

SCORES.

St. Mary's.		*Virginia Water.*	
E. W. Squire b Robinson	3	Bishop b Timothy	4
S. R. Shirgaokar b Holden	1	Keenan c Squire b Timothy	89
F. St. B. Wickham c Smith b Keenan	33	E. H. E. Morgan c Stratton b Hare	0
T. Hare run out	1	Robinson c Barker b Hare	7
J. J. Louwrens c Joslin b Robinson	6	Holden lbw b Squire	15
H. L. Barker b Holden	3	Aries b Hirsch	67
A. G. H. Lovell b Robinson	10	W. J. Hill c Timothy b Squire	25
E. Hirsch b Keenan	3	G. Smith c Hare b Squire	1
A. A. Straton st. Stinton b Robinson	0	Stinton b Louwrens	29
F. Stephens b Robinson	2	Joslin c Louwrens b Squire	0
T. Timothy not out	0	T. E. Harper not out	26
Extras	6	Extras	7
Total	68	Total	270

ST. MARY'S *v.* ROYAL VETERINARY COLLEGE.

Played at home, on Wednesday, May 30th. Play commenced at 2.15, and at 5.15 was stopped for rain. Our score was 200 for 6 wickets, so we declared. On resuming play at 5.45, our opponents first wicket put on 48. Hare was not taking wickets, so Straton was tried and bowled excellently, taking 5 for 13 in 6 overs. When 7 o'clock struck we had eight of our opponents out for 117, so were probably robbed of victory only by rain. Hobbs played a most sporting innings for us, and Morgan practically saved the game for the Vets.

SCORES.

St. Mary's.		*Royal Veterinary College.*	
E. W. Squire b Blackwell	31	Collins b Timothy	31
E. C. Hobbs c Blackwell b Morgan	86	Pride-Jones lbw b Timothy	18
E. W. Archer run out	7	Brassey - Edwards b Straton	4
T. Hare c Hobbs b Blackwell	7	Blackwell b Timothy	3
S. R. Shirgaokar b Collins	11	Chamberlain b Straton	1
F. St. B. Wickham b Brassey	13	Commerford b Straton	4
E. S. Hirsch not out	12	Morgan not out	24
R. J. Wooster not out	7	Stephenson b Straton	4
H. L. Barker, A. A. Straton, T. Timothy	Did not bat.	Hobbs b Straton	3
Extras	26	De Meza not out	5
		Sheather did not bat.	
		Extras	20
Total for 6 wickets	200	Total for 8 wickets	117

Innings declared closed.

St. Mary's Hospital Medical Society.

ARRANGEMENTS FOR THE WINTER SESSION.

It is impossible at this date to give the complete programme of the Medical Society for the coming Winter Session, as the titles and dates of some of the papers to be submitted to the Society have yet to be fixed.

It is known, however, that the opening meeting of the Society will be addressed by Mr. Herbert Page, who has given as the title of his paper, "Old and New." This will be on October 10th, and we hope all St. Mary's men will make a note of the date. Mr. Page has very kindly consented to come among us once again, and we have no doubt that there will be a large gathering of members to meet him. We feel that we need do no more than to let the date be known as widely as possible to ensure a large attendance.

During the course of the Session papers will be read by Mr. Paton, the new President for the year, by the late President, Dr. Harris, as well as by Dr. Poynton, Mr. Maynard Smith, Mr. Spilsbury, Mr. Kelly, Mr. Ash, and others.

The new hon. secs. are Messrs. Kettle and Redman.

Publications, etc., Received.

"*Guy's Hospital Gazette.*" "*Middlesex Hospital Journal.*" "*St. George's Hospital Gazette.*" "*The Broadway.*" "*The Hospital.*" "*The Nursing Record.*" "*University College Gazette,*" "*University of Durham College of Medicine Gazette.*" "*St. Thomas's Hospital Gazette.*" "*St. Bartholomew's Hospital Gazette.*" "*New York Medical Journal.*" "*London Hospital Gazette.*" "*Brooklyn Medical Journal.*" "*The Stethoscope.*" "*Treatment.*" "*General Practitioner.*" "*Charing Cross Hospital Gazette.*"

Sample Received.

We were glad to receive a small box containing the three kinds of tablets used in the process of sterilising water, invented by our ingenious friend, Capt. Nesfield. They are now being put on the market by Evans Sons, Lescher, and Webb, Limited, who are the manufacturers and licencees of the patent. We who remember the experiments which Nesfield undertook at considerable risk to his own and others' lives, who recall the earthquakes and shatterings of hopes and other things, are delighted to think that a really brilliant success has been the outcome of them all. The tablets are sold in various sized packets suitable for sterilising large or small quantities of water, and the process has been tested again and again against all manner of fearful bacteria and has been found to be perfectly successful if properly used.

Correspondence.

MISTAKES AND THEIR LESSONS, BY ONE WHO HAS MADE THEM.

To the Editor St. Mary's Hospital Gazette.

Dear Sir,—The articles in the GAZETTE are read with great interest by all of us abroad, as the line of reasoning from one's own school is easier to understand than that of writers not known personally to us.

The excuse for sending accounts of the following cases is that our mistakes are our only teachers in practice, and only when they are so glaring that they leave a deep and unpleasant memory.

Case 1.—When bringing invalids home from the Cape in 1902, among them was one sent home for deafness and some aural discharge resulting from middle ear disease. Soon after leaving Cape Town he complained of headache, and later the ear discharge ceased and his temperature rose. Within four days he had very severe pain in the ear and that side of the head. T. 103°-104° F. Pulse 70-80. He was sleepless, and could not tolerate a bright light. I purged him well with salts and examined the mastoid area every day for pain and swelling. Tongue was clean and dry. He then had "slight chills," and another Civil Surgeon and myself, having examined him many times, decided to open the mastoid, as there was now some redness and tenderness behind the ear. The P.M.O. on board did not agree with us, but we clamoured for operation, and, as he had no alternative diagnosis, he grudgingly consented. About the day we crossed the line, I "fell on him," the Scotch Civil Surgeon anæsthetising. The mastoid antrum having been duly reached and identified, in my opinion nothing abnormal was to be seen, nor any pus. But the Scotchman urged me on, saying that in Glasgow and Aberdeen they never started a mastoid operation without finding pus. This urged me to further efforts, and I gouged out an enormous hole in the side of his head, till, exhausted by the heat and in constant dread of scooping away the lateral sinus, I refused to do any more, and patched the wound and put the man back in his cot. That evening his temperature had fallen to 100° F., and we talked of the good effects of the relief of tension and blood-letting, and how we had operated just in time to "abort the formation of pus." Next morning his temperature was 103° F., pulse 84, and he looked dazed. We said little, but thought much, and his evening temperature was 104° F. Next morning he was a typical typhoid case, with many spots and all the typical symptoms, with a large wound in the side of his head in addition. He recovered in spite of treatment and a rough voyage. The obvious lesson was, "When in doubt, do not always operate," and also not to fix one's mind on a surgical diagnosis and create redness and tenderness by continual palpation.

Case 2.—In a little Dutch town in Western Cape Colony, the doctor, to whom I was assistant for a short time, was treating a neurotic old Jewess for severe toothache and facial neuralgia. All the orthodox drugs were poured into her without effect, and after a few days, during his absence, I was called in to see her. The dirty and hysterical woman interested me little more than my principal, and I made up a compound of asafoetida, etc. After about two days we had to acknowledge that we had been badly fooled by a case of enteric fever with unusual onset. The lesson we learnt here was to be more careful in treating one obvious symptom, and not to ignore other symptoms because they occurred in a well-known hysterical subject.

Case 3.—One cold foggy morning, about 3 miles out of Pretoria, I was roused by a railway collision about 50 yards from my tent. Nine were killed and many injured, and, owing to late arrival of help, I was very busy for four hours with the wounded. Among those I saw last was a man who made a great noise when moved, and complained loudly of pain in his knee, on which there was a large bruise, but no other sign of injury. He seemed very helpless, but thinking he was making an unnecessary fuss, told someone to tie up his knee and left him. After he had been in hospital for three days it was discovered that he had a dislocated hip, which was reduced. Strange to say, about seven weeks later this man reported sick on arrival at our camp in the Western Transvaal. He had his rifle and the usual ½-cwt. of kit on him, and 150 rounds of ammunition, and he complained that it was more than his hip could stand. The lesson here was, not to be satisfied with finding one injury in a man much shocked, but it seemed to me that, among the many doctors he saw, my error of judgment was not of the greatest.

Case 4.—Here the mistake was not so serious to the patient as to myself. I had been a short time in a place in practice, and for several weeks had treated two children with measles and whooping cough. The grandmother, living in the house, was suffering from a chronic pleurisy at the time. Early one morning I was told the boy was very ill and had been vomiting continually for two days. I went round with my diagnosis made, and found the boy, 4 years old, lying comatose in bed, with irregular feeble pulse, T. 98·7°, very irritable, and moaning, with face flushed and dusky. His mother volunteered the statement that one day before the attack began they noticed him to be squinting. Tongue was fairly clean. Pupils were equal, and not dilated. Abdomen normal. Lungs

normal. He was given some water to drink, and instantly vomited it in the typical cerebral style. The father having criticised the guarded nature of my diagnosis, I replied it was probably a case of Tubercular Meningitis, and that the child would be dead in a few weeks. The mother promptly fainted, the father swore and got whisky for himself and wife, while the grandmother scattered the news round among the neighbours. After a hot half-hour, another doctor was called in, who saw the child with me about 6 hours later, when the child had ceased to vomit and was playing with his toys. The boy has had an attack like this since, and one about two years before. He is in good health now, a year later, and I look on the case as one of those rare cases of "cyclic vomiting" described by Holt. The only lesson I could find here was, never to give a diagnosis that cannot either end in death or recovery.

The many other mistakes, with less extenuating circumstances, are too numerous to mention; but if the above examples will prevent others from the same disasters, I hope they will send theirs to your paper and let the rest of us profit by their experiences.

North Vancouver, B.C. H. D.

Reviews of Books.

ANÆSTHETICS; A Practical Handbook. J. Blumfeld, M.D.Cantab., Senior Anæsthetist to St. George's Hospital, Hon. Anæsthetist to St. Mary's Hospital. 2nd Edition. Baillière, Tindall & Cox. 1906. Price 2/6 net.

This little handbook is one of the well-known Medical Monograph Series, and we wish to recommend it strongly to men who are wanting a book to read on how to give Anæsthetics. As a practical book it is by far the best we have yet met: it tells the reader just what he wants to know, and puts it before him in just the way in which he can most easily grasp it. More than that, it carefully leaves out all that he does not want to know. The new edition has some new matter concerning the use of Ethyl Chloride as a general anæsthetic, especially as a preliminary to ether administration, which materially increases the value of the volume. We think all men who are beginning their course of anæsthetic work would be well advised to read it; it is exactly the book that they want, and fulfils their wants to a nicety.

MANUAL OF MEDICINE. Thomas Monro, M.A., M.D.; Fellow of, and Examiner to, the Faculty of Physicians and Surgeons, Glasgow; Physician to the Glasgow Royal Infirmary. Baillière, Tindall, & Cox. 1906. Price 15/- net. 2nd edition.

The issue of a second edition of this work has enabled the author to make some additions and alterations to the volume which is now brought thoroughly up to date. We do not need to review this manual in detail as its first publication was comparatively recent. There is a great deal of matter stored in a fairly small space, and, as must happen in all cases where an attempt is made to condense the subject of medicine, the book is dry. The articles on each disease leave off just as they begin to become interesting. Should such a book be required we imagine this one would fulfil its purpose admirably. It is one of the University Series of Text-books.

HANDBOOK FOR MIDWIVES AND MATERNITY NURSES. Comyns Berkeley, B.A., M.B.Camb., M.R.C.P., Assistant Obstetric Physician to the Middlesex Hospital. Cassell & Co. 1906.

This book is written by an Examiner to the Central Midwives Board, and the amount of knowledge required by that body has set the standard for the text. It is profusely and well illustrated, clearly written, and it is published in a particularly neat and convenient style.

PATHOLOGY. Special and General by R. Tanner Hewlett, M.D., M.R.C.P., London. J. & A. Churchill, pp. viii. and 540, 10/6 nett.

The appearance of a concise hand-book of Pathology for students concerned chiefly with the elements of that science will be welcomed by many men who are not quite satisfied with those already in circulation. Pathology may now be fairly considered to consist of a certain amount of well-ascertained fact and a vast deal of theory and shifting opinion. It is the presentation of that solid fact groundwork and the most generally accepted theories for which we look in a book of this aim and size, and we consider that the author has achieved his object with a very fair measure of success. He writes lucidly, and has enriched his volume with some extremely good photographs. We are glad to see that he lays the same stress on morbid physiology as he does on morbid anatomy, such subjects as Pyrexia, Œdema, Gout, Uræmia, etc., being very well treated in a necessarily small space by the light of recent research; we consider that all elementary pathology teaching should have more stress laid on this most vital branch of the subject. The chapter on Bacteriology might we think have been made fuller, it is as it stands very condensed, and would compel any student using this book to obtain another on a subject of such growing importance.

The section on metazoan parasites is excellent and well worthy of attention by the student. We might suggest that in future editions a coloured plate of blood preparations would be useful.

The vexed question of Kidney disease is simply but fairly adequately treated.

The book includes a chapter on the pathology of the pregnant uterus and finishes with an excellent summary of the pathology of the nervous system. The teaching throughout appears to be sound, and is certainly orthodox, which should make it attractive to the man reading for his finals. We have very little doubt that most "Conjoint" men will in future take this for their best book, and many University men might read it with great advantage. In fact, it is not often that we review a work that so adequately fills an aching avoid in medical text-book literature.

CLINICAL BACTERIOLOGY AMD HÆMATOLOGY. W. D'Este Emery, M.D., B.Sc.Lond. H. K. Lewis, 1906. Price 7/6 nett.

Under a new title a second edition of "A Handbook of Bacteriological Diagnosis for Practitioners" has been issued, and the scope of the work has been much increased. In its present state the book is one which will be exceedingly useful and which we can heartily recommend. It is at once concise, accurate and up-to-date, giving as it does some of the methods emanating from our own Pathological Laboratory. Messrs. Lewis have published the book in their best style, the plates being beautifully produced. Altogether as it now stands the work is of the utmost value. We were particularly pleased (and relieved) to find a statement to the effect that the diagnosis of a disease does not as a rule depend *entirely* upon a blood examination.

CONSUMPTION: Treatment at Home and Rules for Living. H. Warren Crowe, M.D.Oxon. J. Wright & Co., 1906.

For those practitioners who desire a small book to give to the phthisical patients, this would surely be of use. It is simply written and throughout there is an encouraging note bidding the patient take hope and impressing on him the important rules which must in future guide his life.

FIBROID TUMOUR WITHOUT OPERATION. John Shaw, M.D. Swan, Sonnenschein & Co., Ltd.

We are told that this essay was written on account of the author's inability "to reach the ear of the profession (and thus the public) through the ordinary professional channels;" that operations on the female pelvic organs increase liability to cancer: and that the author's treatment differs from Apostoli's in that "it is but rarely necessary to make intrauterine applications, and never to puncture the tumour." The last quotation contains the only information given as the technique of the author's treatment, so that a glossary of gynæcological terms for the non-medical reader does not save the book from being valueless.

Books Received for Review.

MEDICAL AND PHARMACEUTICAL LATIN, for Students of Pharmacy and Medicine. By R. R. Bennett. Price 6/- net. J. & A. Churchill.

A HANDBOOK FOR MIDWIVES AND MATERNITY NURSES. By Comyns Berkeley, M.B., B.C.Camb., M.R.C.P., M.R.C.S. Cassell & Co.

STUDENTS' HANDBOOK OF OPERATIVE SURGERY. By W. I. de C. Wheeler, M.D.Dubl., F.R.C.S. Price 5/- net. Baillière, Tindall, & Cox.

LECTURES ON MIDWIFERY FOR MIDWIVES. By A. B. Calder, M.B., M.R.C.S. Price 5/- net. Baillière, Tindall, & Cox.

THE SHIP-SURGEON'S HANDBOOK. By A. V. Elder, M.R.C.S., L.R.C.P. Price 3/6 net. Baillière, Tindall, & Cox.

THE PUBLIC HEALTH ACTS. By Martin Elliott and Gilbert Elliott, M.R.C.S., L.R.C.P., D.P.H. Price 5/- net. H. K. Lewis.

MANUAL OF ANATOMY. By A. M. Buchanan, M.D.Glasg. Vol. I.—Osteology, Upper and Lower Limb. Price 12/6 net. Baillière, Tindall & Cox.

Appointments.

CLARIDGE, G. B. C., M.B., B.S.London, Assistant House Surgeon, Norfolk and Norwich Hospital.

BRADSHAW, GERALD, L.R.C.P., M.R.C.S., House Surgeon, Kensington General Hospital.

DAVIES, E. T. H., M.B., B.S., L.R.C.P., M.R.C.S., House Physician to Dr. Lees.

GOYDER, F. W., M.B., B.C.Camb., L.R.C.P., M.R.C.S., Honorary Assistant Surgeon to the Bradfield Royal Infirmary.

GRAHAM, CECIL I., F.R.C.S., Surgical Registrar to the Hospital.

GROSVENOR, R. L., B.A.Camb., L.R.C.P., M.R.C.S., Certifying Surgeon under the Factory and Workshop Act for the Chelsea District.

LANGMEAD, F. S., M.D., M.R.C.P., Medical Registrar to the Hospital.

LASCELLES, J. C., L.R.C.P., M.R.C.S., Medical Officer, Gold Mine, Ouro Preto, Brazil.

SHAW, W. V., M.D., B.Ch.Oxon., Medical Officer to the Malton Workhouse, York.

SMITH, S. MAYNARD, M.B., B.S.Lond., F.R.C.S., Surgeon in Charge of Out-Patients to the Hospital.

STOCKWELL, G. E. ST. CLAIR, M.B., B.C.Camb., Clinical Assistant to the Leeds Public Dispensary.

WILLCOX, W. H., M.D.Lond., M.R.C.P., Examiner in Forensic Medicine to the Victoria University of Manchester.

WILSON, A. GARRICK, M.C., M.B.Camb., F.R.C.S., Surgeon to the Sheffield Children's Hospital.

Change of Address.

CUNNINGHAM, H. H. B., M.D.Brux., F.R.C.S.I. L.R.C.P., M.R.C.S., 69, University Road, Belfast, Ireland.

GIBBINS, K. M., L.R.C.P., M.R.C.S., 10, Lime Hill Road, Tunbridge Wells.

LASCELLES, J. C., L.R.C.P., M.R.C.S., Nunas De Passagem, Ouro Preto, Brazil.

MORRIS, H. C. L., M.D.Brux., L.R.C.P., M.R.C.S., 10, The Steyne, Bognor.

PATON, J. SCOTT, L.R.C.P., M.R.C.S., Dudley, New South Wales, Australia.

Pass Lists.

UNIVERSITY OF CAMBRIDGE.

DEGREE OF B.C.

J. McIntyre, B.A.

FIRST EXAMINATION (M.B.).

Chemistry and Physics.—W. H. Jones, B.A.

SOCIETY OF APOTHECARIES.

PRIMARY EXAMINATION.—Part II.

Anatomy and Physiology.—T. A. F. Tyrrell.

FINAL EXAMINATION.

Forensic Medicine.—E. D. Richardson.

The Services.

ROYAL ARMY MEDICAL CORPS.

Lieut.-Col. G. E. Hale, D.S.O., L.R.C.P., M.R.C.S., has arrived home on leave from India, for six months from May 11th, 1906.

DISTRIBUTION LIST OF STATIONS.

Major C. E. P. Fowler, F.R.C.S., Assistant Professor of Hygiene, Royal Army Medical College.

Lieut.-Col. R. D. Hodson, L.R.C.P.Edin., M.R.C.S., Military Hospital, Chatham.

Lieut.-Col. G. E. Hale, D.S.O., L.R.C.P., M.R.C.S., Military Hospital, Poona, India.

Lieut.-Col. N. Manders, L.R.C.P., M.R.C.S., Military Hospital, Curepipe, Mauritius.

Lieut.-Col. T. E. Noding, L.R.C.P.Edin., M.R.C.S., in charge Women and Children, Staff and Departments, Cape Town, S. Africa.

Lieut.-Col. E. O. Wight, L.R.C.P., M.R.C.S., Military Hospital, Hounslow.
Major E. C. Anderson, D.S.O., L.R.C.P., M.R.C.S., Military Hospital, Shorncliffe.
Major W. A. S. J. Graham, L.R.C.P., M.R.C.S., Military Hospital, Chatham.
Major T. H. J. C. Goodwin, D.S.O., L.R.C.P., M.R.C.S., Cadet Hospital, Royal Military Academy, Woolwich.
Major C. H. Hale, D.S.O., L.R.C.P., M.R.C.S., Military Hospital, Rangoon, India.
Lieut.-Col. W. B. Thomson, L.R.C.P.Edin., M.R.C.S., Military Hospital, Portsmouth.
Captain R. L. Argles, L.S.A., Military Hospital, Newcastle-on-Tyne.
Captain H. O. B. Browne-Mason, L.R.C.P., M.R.C.S., Military Hospital, Rochester Row, London.
Captain E. Brodribb, L.R.C.P., M.R.C.S., Military Hospital, Gibraltar.
Captain J. H. R. Bond, L.R.C.P., M.R.C.S., Military Hospital, Bulford Camp, Salisbury.
Captain W. L. Baker, L.R.C.P., M.R.C.S., Military Hospital, Aldershot.
Captain J. Hay Campbell, D.S.O., L.R.C.P., M.R.C.S., Military Hospital, Colchester.
Captain G. B. Crisp, L.R.C.P., M.R.C.S., Anæsthetist, Netley.
Captain R. V. Cowey, L.S.A., Military Hospital, Secunderabad, India.
Captain P. C. Douglass, L.R.C.P., M.R.C.S., Military Hospital, Neemuch, India.
Captain C. H. Furnivall, L.R.C.P., M.R.C.S., Military Hospital, Shoeburyness.
Captain J. Grech, L.R.C.P., M.R.C.S., Eastern Command, Chakrata, India.
Captain W. R. P. Goodwin, L.R.C.P., M.R.C.S., Northern Command, Rawalpindi, India.
Captain E. P. Hewitt, L.R.C.P., L.R.C.S.Edin., Royal Victoria Hospital, Netley.
Captain P. S. Lelean, F.R.C.S., Military Hospital, Parkhurst.
Captain G. T. K. Maurice, L.R.C.P., M.R.C.S., Military Hospital, Lucknow, India.
Captain J. I. W. Morris, L.R.C.P., M.R.C.S., R.A.M. College.
Captain A. H. McN. Mitchell, L.R.C.P., M.R.C.S., Military Hospital, Darjeeling, India.
Captain G. B. Riddick, L.R.C.P., M.R.C.S., Military Hospital, Calcutta, India.
Captain S. W. Sweetnam, L.R.C.P., M.R.C.S., Military Hospital, Colchester.
Captain C. H. Straton, L.R.C.P., M.R.C.S., Military Hospital, Dover.
Captain H. B. G. Walton, L.R.C.P., M.R.C.S., Military Hospital, Exeter.
Captain B. F. Wingate, L.R.C.P., M.R.C.S., Military Hospital, Canterbury.
Captain H. G. S. Webb, L.R.C.P., M.R.C.S., Military Hospital, Mian Mir, India.
Lieut. E. G. Anthonisz, L.R.C.P., M.R.C.S., Royal Victoria Hospital, Netley.
Lieut. R. A. Bryden, L.R.C.P., M.R.C.S., Military Hospital, Longmoor.
Lieut. A. H. Bond, L.R.C.P., M.R.C.S., Military Hospital, Aldershot.
Lieut. C. T. Edmunds, L.R.C.P., M.R.C.S., Military Hospital, Aldershot.
Lieut. H. H. J. Fawcett, L.R.C.P., M.R.C.S., Harrismith, S. Africa.
Lieut. G. E. Ferguson, L.R.C.P., M.R.C.S., Military Hospital, Aldershot.
Lieut. O. Ievers, M.B.Lond., L.R.C.P., M.R.C.S., Wynberg, S. Africa.
Lieut. V. G. Johnson, L.R.C.P., M.R.C.S., R.A.M. College.
Lieut. F. C. Lambert, L.R.C.P., M.R.C.S., No. 7 General Hospital, Pretoria, S. Africa.
Lieut. D. Le Bas, L.R.C.P., M.R.C.S., Military Hospital, Bloemfontein, S. Africa.
Lieut. E. J. H. Luxmoore, L.R.C.P., M.R.C.S., 17th Lancers, Meerut, India.
Lieut. N. Low, L.R.C.P., M.R.C.S., Military Hospital, St. Thomas' Mount, India.
Lieut. E. G. R. Lithgow, L.R.C.P., M.R.C.S., Pretoria, S. Africa.
Lieut. C. Ryley, L.R.C.P., M.R.C.S., Military Hospital, Hong Kong, China.
Lieut. G. H. Richard, L.R.C.P., M.R.C.S., Military Hospital, Lebong, India.
Lieut. J. M. B. Rahilly, M.B., B.S.Lond., L.R.C.P., M.R.C.S., Egypt.
Lieut. W. F. H. Vaughan, L.R.C.P., M.R.C.S., Bellary, India.
Lieut. J. A. W. Webster, L.S.A., Military Prison, Secunderabad, India.

Announcements.

BIRTH.

AUSTIN.—On July 11th, at "Allandale," Lingfield, Surrey, the wife of N. H. Austin, L.R.C.P., M.R.C.S., of a daughter.

CUNNINGHAM.—On July 7th, at Firenge, Malone Park, Belfast, the wife of H. H. B. Cunningham, M.D. Brux., F.R.C.S.I., of a daughter.

HANDFIELD-JONES.—On June 28th, at the Hermitage, Box, Wilts, the wife of Ronald Handfield-Jones, M.D.Durh., L.R.C.P., M.R.C.S., L.S.A., of a daughter (stillborn).

MARRIAGES.

HUNT—DUTTON.—On June 20th, at Henfield Parish Church, by the Rev. H. W. Hunt, M.A., Rector of Shermanbury, and Rural Dean, father of the Bridegroom, assisted by the Rev. L. Dutton, Rector of Aspenden, Herts, uncle of the Bride, Ernest Rivaz Hunt, M.A., M.D.Camb., of 19, Dyke Road, Hove, Sussex, to Margery Mary, second daughter of the Rev. W. T. Dutton, Vicar of Sidlesham, Sussex.

LASCELLES—EVANS.—On July 18th, at St. Wilfred's Church, Haywards Heath, J. C. Lascelles, L.R.C.P., M.R.C.S., to Stella, only daughter of the Rev. Lewis Evans, of Haywards Heath,

STOCKWELL—COSTIGAN.—On July 3rd, at the Parish Church, St. Marylebone, G. E. St. Clair Stockwell, M.B., B.C.Camb., to Gertrude Frances, second daughter of the late Thomas Costigan, Esq., of Birmingham.

DEATHS.

TULLOCH.—On Wednesday, 20th June, at the Queen Alexandra Military Hospital, Milbank, Lieut. F. M. G. Tulloch, R.A.M.C., L.R.C.P., M.R.C.S., aged 27, youngest son of Surgeon-General Tulloch, A.M.S., of Balnoon, Eastbourne.

HAYMAN.—On May 23rd, at Southsea, Major J. W. H. Hayman, L.R.C.P., L.R.C.S.Edin., late R.A.M.C., aged 45.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XII.—No. 8. **OCTOBER, 1906.** **Price 6d.**

Notes.

It is with great pleasure that we record the election of Dr. Graham Little to the Senate of the University of London. We are sure that St. Mary's men will be the first to offer him their heartiest congratulations.

The following letter is sent to us as an example of gratitude by an out-patient from Suffolk:—

"Mrs. * * * *
Denhan.

Plise Docter i am all rit now need to a tend eny mor
with Recsprex to you
it is a Long way to come

The *Times* of a recent date contained the following announcement:—

VIVISECTION ENQUIRY.

NAMES OF ROYAL COMMISSIONERS.

The appointment of the Royal Commission on Vivisection was formally announced in the *London Gazette* last night, the names of the Commissioners being as follows:—

Viscount Selby, Chairman.
Sir William Selby Church, Bart., M.D.
Colonel A. Mark Lockwood.
Sir William Job Collins, M.D.
Sir John McFadyean.
Mr. Mackenzie Dalzell Chalmers, Under-Secretary at the Home Office.
Mr. Abel John Ram, K.C.
Mr. Walter H. Gaskell, M.D.
Mr. James Tomkinson.
Mr. George Wilson, M.D.

The terms of reference state that the Commission shall inquire into and report on the practice of subjecting live animals to experiments, whether by vivisection or otherwise; and also to inquire into the law relating to that practice, and its administration; and report whether any, and if so, what changes are desirable.

The conclusions at which this Royal Commission may arrive cannot fail to be of great interest to the medical profession at large, and, more especially, to those who are directly concerned with research work.

St. Mary's Hospital Ladies' Association (Paddington Branch), under the Presidentship of Lady Dimsdale, has developed with astonishing rapidity. Established towards the close of 1905 to provide for the supply of the garments, linen and blankets required for the use of the in-patients of the Hospital, the Association was in a position at its first Annual Meeting to present to the Hospital no less than 949 articles. In addition to this generous donation, it has since purchased and placed in the Wards linen of the value of upwards of £70. We offer our sincere thanks to the ladies who have assisted in this excellent work. We would suggest that all the ladies of Paddington, Kensington and Marylebone should become members of this most useful Association. Were they to follow this advice, the Hospital could bid a permanent farewell to all its difficulties.

A telephone has now been placed in the Cloak Room of the Medical School for the use of students, and the usual fee will be charged for its use. The telephone has been erected as an experiment for one year. We trust that, at the end of the year, it may have proved so useful that it will justify its permanent retention.

We extend the heartiest of welcomes to all the new students, and feel convinced that they will emulate the deeds of their

predecessors, not only in the examination rooms, but also on the football and cricket fields. Thus once again shall we be the proud possessors of cups and trophies without number, and the good old times will return that some of us can remember so well.

We understand that the Hospital has recently undergone the ordeal of a "spring" cleaning. We could only wish that Praed Street would follow this excellent example.

Our attention has been called to a diagnosis recently given by a lady patient in the O.P. Department. She was understood to state that she suffered from "flatulentation of the organs of indigestion and general ability." The latter seems to us to be a rare complaint.

It is rumoured that a petition is being widely signed by the horses in the G.W.R. stables against the throwing of slops from their windows on the heads of passers by. Anyone who has been in South Wharf Road on a Saturday afternoon will trust that their action may be effective.

The following story may be new to our readers: A medical man enters a first-class carriage, deposits his bag on the corner seat, and goes to the book stall to buy the *St. Mary's Gazette*. On returning, he finds in place of his bag, a large and important dame—"Madam," qouth he, "I regret that you have got my seat." "Sir, you have no idea who I am, I am one of the Directors' wives." "Madam, if you were the Director's only wife, I must repeat that you have got my seat"!!!

We venture to call the attention of our readers to the new Quarterly, *Science Progress*, particulars of which will be found in our next issue. There are several papers that St. Mary's men will find of interest, especially that by Dr. Inman on "Science in Medicine," which is a very excellent account of Sir Almroth Wright's work on Opsonins.

An Inaugural Address on the Theory and Practice of Medical Education.

Delivered at St. Mary's Hospital Medical School at the Opening of the Winter Session.

BY N. H. ALCOCK, M.D.DUB.,
Lecturer on Physiology and Vice-Dean of the School.

INTRODUCTION.

GENTLEMEN,—There are probably few subjects that have been debated so often and at such length as the one I have chosen for the present address. Every medical man has benefited or suffered from the curriculum through which he has passed and very naturally both has, and expresses, an opinion on the process. Although this is so, and although an audience of experts will critically examine all that is said, nevertheless it is sometimes of interest to retrace our steps over already trodden ground and to examine carefully the reasons that have led to the evolution of the medical curriculum as we see it to-day. For it must be remembered that medical education is in reality only a branch of technical education in general—that is, of that part of education which aims at equipping the student for a definite course of action and that the theories which underlie the larger subject must also apply to the smaller. Further, the success or otherwise of any concrete scheme must depend

TABLE I.—*500 Consecutive Cases from Five General Practitioners in London* (2), *Essex, Middlesex and Norfolk.*

1.—SPECIFIC INFECTIVE DISEASES.

Tuberculosis of lungs	5
" glands	2
" knee	1
" skin	1
Gonorrhœa	4
Syphilis	4
Influenza	3
Whooping-cough	3
Mumps	2
Dysentery	1
Scarlet fever	1
Measles	1
Febricula	1
Acute Rheumatism	1
Chichen-pox	1
Erysipelas	1
Total	32

2.—ANIMAL PARASITES.

Oxyuris	3
Bothriocephalus	1
Scabies	1
Mosquito bite	1
Harvest bug	1
Wasp sting	1
Total	8

3.—INTOXICATIONS, SUNSTROKE.

Alcohol	5
Police examination for alcohol	1
Sunstroke	2
Food poisoning	2
Total	10

4.—CONSTITUTIONAL.

Rheumatism	8
Lumbago	4
Gout	4
Diabetes mellitus	3
Purpura	1
Rickets	1
Total	21

5.—DIGESTIVE SYSTEM.

Diarrhœa	61
Dyspepsia	28
Tonsillitis	9
Adenoids	4
Constipation	5
Gastric Ulcer	5
Hyperchlorhydria	3
Intestinal colic	3
Pharyngitis	3
Catarrhal jaundice	2
Colitis	2
Gall-stones	1
Flatulence	1
Intestinal obstruction	1
Ulcerative stomatitis	1
Cirrhosis of liver	1
Total	130

6.—RESPIRATORY SYSTEM.

Bronchial catarrh	17
Post-nasal catarrh	2
Epistaxis	3
Asthma	2
Pleurisy	2
Pleurodynia	1
Bronchocele	1
Hay fever	1
Total	29

7.—CIRCULATION.

Heart:	
Failure	6
Mitral disease	4
Mitral and aortic	1
Hypertrophy and dilatation	1
Varix	2
Arterio-sclerosis	2
Piles	3
Abdominal aneurysm	1
Total	20

8.—BLOOD AND DUCTLESS GLANDS.

Anæmia	8
Graves's disease	2
Myxœdema	1
Enlarged thyroid	1
Total	12

9.—KIDNEYS.

Bright's disease	4
Floating kidney	3
Stricture	3
Cystitis	2
Pyuria	1
Total	13

10.—NERVOUS SYSTEM.

Neuralgia	7
Neurosis	4
Convulsions	3
Cerebral atheroma	2
Hysteria	2
Chorea	2
Epilepsy	2
Meurasthenia	2
Melancholia	1
Apoplexy	1
Anterior poliomyelitis	1
Total	27

11.—SKIN AND NAILS.

Eczema	4
Erythema	3
Carbuncle	2
Alopecia	2
Urticaria	2
Ringworm	2
Hypertrophied toe-nail	2
Herpes facialis	1
,, publs	1
,, zoster	1
Onychia	1
Impetigo	1
Wart	1
Acne	1
Total	24

12.—SUPPURATIONS, ABSCESS, POISONED WOUNDS.

Alveolar abscess and dental caries, with extraction	10
Dentition	2
Dental periostitis	1
Pyorrhœa alveolaris	1
Nitrous oxide for extraction	2
Abscess and poisoned wounds	10
Ulcer of leg	4
Suppurating glands	4
,, cyst	2
Necrosis of hip	1
Total	37

13.—DISLOCATIONS, FRACTURES, SPRAINS.

Compound fracture, radius and ulna	1
Simple fracture:	
Clavicle	1
Colles	1
Intracapsular of femur	1
Sprains	6
Total	10

14.—OTHER INJURIES, WOUNDS, ACCIDENTS, BURNS.

Burns	5
Accidents, contusions, &c.	9
Cuts	5
Dog bite	2
Human bite	1
Needle in finger	1
Thorn in foot	1
Total	24

15.—TUMOURS.

Mediastinal new growth	1
Carcinoma of stomach	1
,, tongue	1
Total	3

16.—MIDWIFERY, GYNÆCOLOGY.

Confinements	16
Dyspepsia, &c., of pregnancy	6
Amenorrhœa	4
Dysmenorrhœa	2
Leucorrhœa	1
Endometritis	1
Retroflexion	3
Abortion	2
Subinvolution	1
Retained placenta	1
Prolapse of uterus	1
Puerperal sapræmia	1
Pelvic cellulitis	1
Climacteric	1
Total	41

17.—EYE AND EAR.

Eye:	
Astigmatism	1
Scratched conjunctiva	1
Hypermetropia	1
Foreign body	2
Stye	2
Conjunctivitis	3
Dislocated lens	1
Cataract extraction	1
Ear:	
Middle ear	6
Wax	3
Foreign body	1
Total	22

18.—NOT CLASSIFIED.

Vaccination	7
Debility	7
Infantile hernia	1
Hammer toe	2
Synovitis	2
Phimosis	2
Enlarged prostate	2
Circumcision	2
Undescended testis	1
Electrolysis for removal of hair	1
Total	22

19.—UNCERTAIN DIAGNOSIS.

(?) Renal calculus	1
(?) Abdominal pain	1
(?) Scarlet fever	1
(?) Gonorrhœa	1
(?) Middle-ear abscess	1
No discoverable disease	9
Total	14

finally on the validity of the arguments which have been used by the founders. As time and space do not permit of the due consideration of the whole field of medical and surgical training I propose in this address to deal first with the general principles underlying the whole question and then to study only the application of these principles to the preliminary and intermediate sciences, leaving the actual professional work, as is fitting, to my colleagues on the medical and surgical staff.

THE ACTUAL WORK OF THE MEDICAL PROFESSION.

The first point of departure will perhaps seem a little surprising, but it is logically sound. If we seek to plan a special system of education for the medical profession we should in the first instance learn what special knowledge and attributes will be required in the practice of it and have a clear idea of the work which the medical practitioner will be required to do. This we can ascertain in two ways—either from a study of our inner consciousness imagine what a medical man should do, or adopt the more laborious but correspondingly more accurate method of inquiry and see what is actually accomplished in practice. This latter method we shall attempt, and our endeavour will lead us to a very interesting study of the work of the medical profession from a standpoint very seldom taken.

It is necessary as a preliminary measure to adopt some method of classifying medical practitioners and as giving a sufficiently close approximation for our present purpose we shall make two classes: (*a*) general practitioners, who may meet with any kind of case; and (*b*) consultants, who only treat selected cases.

A certain number of the first class who were general practitioners representing as far as possible the various kinds of practice and the different localities in England, were each asked to note down 100 consecutive cases. Five of these lists were then analysed and tabulated, taking Osler's classification of disease (with some additions to include surgical cases) as the basis of the analysis and the result you see in Table I. But before considering this I should like to convey my warmest thanks to those medical men who have so kindly given their time and trouble to this work and without whose cooperation this inquiry would have been impossible.

You will see, if you look carefully, many interesting things in this table. Perhaps the most obvious is the very great preponderance of "medical" over "surgical" cases. This is better marked in the practice of medical men near London than in country districts, because in the former so many cases go to town, but even in the most favourable instance, where a practitioner has a country hospital at his disposal, the disproportion is still very great.

The disease, or rather symptom, that is found most commonly is diarrhœa, and disorders of digestion in general occur five times more often than any other kind of case. This is partly due to the particular month—September—during which the lists were compiled, but even allowing for this the number of cases is large and it is plain that every student should make a careful and exact study of the pathology, diagnosis and treatment of the diseases of this class—he will have ample occasion to use his knowledge.

TABLE II.—*100 Cases from Consultant (Physician) compared with the average per 100 Cases of the General Practitioner.*

1.—SPECIFIC INFECTIOUS DISEASES.

Pneumonia	6
Tuberculosis of lungs	5
" peritoneum	1
Enteric fever	3
Influenza	2
Pyæmia	1
Syphilis	1
Total Consultant	19
Average G.P.	6

2.—ANIMAL PARASITES.

	0
Total Consultant	0
Average G.P.	2

3.—INTOXICATIONS, SUNSTROKE.

Alcohol and neuritis	1
Alcohol, morphine, and chlorodyne	1
Tobacco amaurosis	1
Total Consultant	3
Average G.P.	2

4.—CONSTITUTIONAL.

Gout	2
Rheumatoid arthritis	1
Diabetes insipidus	1
Diabetes mellitus	1
Total Consultant	5
Average G.P.	2

5.—DIGESTIVE SYSTEM.

Appendicitis	5
Gastro-enteritis	4
Dyspepsia	4
Diarrhœa	2
Constipation	2
Gastralgia	1
Colitis and neurosis	1
Gastric ulcer	1
Anorexia and headache	1
Gall-stones	1
Tonsillitis	1
Total Consultant	23
Average G.P.	26

6.—RESPIRATORY.

Bronchitis	2
Laryngitis and neurosis	1
Broncho-pneumonia	1
Emphysema	1
Post-nasal catarrh	1
Contracted lung	1
Total Consultant	7
Average G.P.	6

7.—CIRCULATION.

Heart:	
Mitral	3
Dilatation	2
Congenital	1
Aortic regurgitation	1
Atheroma of aorta	1
Total Consultant	8
Average G.P.	4

8.—BLOOD AND DUCTLESS GLANDS.

Hæmophilia	1
Graves's disease	1
Addison's disease	1
Total Consultant	3
Average G.P.	2

9.—KIDNEYS.

Incontinence of urine	1
Functional albuminuria	1
Total Consultant	2
Average G.P.	3

10.—NERVOUS SYSTEM.

Tabes dorsalis	3
Meningitis	2
Hysteria	2
Hysterical hemiplegia	1
Sciatica and hysteria	1
Neurosis	2
Migraine	1
Insomnia	1
Headache	1
Vertigo and feeble heart	1
Bulbar paralysis	1
Neuralgia	1
Delirium after pneumonia	1
Mental depression	1
Total Consultant	19
Average G.P.	5

11.—SKIN.

Lichen urticatus	1
Total Consultant	1
Average G.P.	5

12.—SUPPERATIONS, ABSCESS, POISONED WOUNDS.

Decayed teeth and neurasthenia	1
Total Consultant	1
Average G.P.	7

13.—DISLOCATIONS, FRACTURES, SPRAINS.

	0
Total Consultant	0
Average G.P.	2

14.—INJURIES, WOUNDS, ACCIDENTS, BURNS.

	0
Total Consultant	0
Average G.P.	5

15.—TUMOURS.

Carcinoma:	
Lung	1
Pylorus	1
Total Consultant	2
Average G.P.	1

16.—MIDWIFERY, GYNÆCOLOGY.

Subinvolution	1
Dysmenorrhœa and hyperæsthesia	1
Total Consultant	2
Average G.P.	8

17.—EYE AND EAR.

	0
Total Consultant	0
Average G.P.	2

18.—NOT CLASSIFIED.

Old Age	1
Astigmatic headache	1
Debility	1
Total Consultant	3
Average G.P.	2

19.—UNCERTAIN DIAGNOSIS.

(?) Duodena Ulcer	1
(?) Pyelitis	1
Total Consultant	2
Average G.P.	3

There are a great many so-called "trivial" cases—cut fingers, contusions, bites of insects, bronchial catarrh, and so forth. This need not make the student contemptuous, it is in this class of case that treatment is easiest and most satisfactory in its results. One variety of disease appears more seldom than might have been expected—viz., tumours, in the whole series of 500 cases there occurred but three. You will observe the considerable number of children's diseases (in one list of 73 cases where this point was specially noted the proportion was 21 children and infants to 52 adults) and also the amount of gynæcology and midwifery. Here again the table will give a hint to the student of what he should study. But the further consideration of these facts must be deferred to a future occasion, as we are now concerned with the bearing of these cases on the teaching of science. Even at this stage of the inquiry you can see that the direct use of the preliminary sciences is small but the indirect use essential.

Table II. is a very interesting contrast, and here again I tender my thanks for the information so kindly furnished to me. It represents 100 consecutive cases from the notebook of one of the most eminent consulting physicians that we possess. Here, of course, is no surgery at all. The main characteristics of the table are two. In the first place the proportion of the cases has entirely altered. Diseases of digestion are less frequent and diseases of the nervous system and specific infections about three times more frequent, and there are similar variations in the other columns. The second point is even more remarkable, and that is the change in the character of the individual cases. There are none of the "trivial" cases, and their place is taken by grave disorders such as pneumonia, tabes dorsalis, diabetes insipidus, and bulbar paralysis, of which both the treatment and diagnosis present special difficulties.

I had intended collecting further lists from other consultants, surgeons and physicians, but a study of this one showed me that as far as medical education goes it is unnecessary. It is not possible to provide a suitable training for a practice of this kind—the man must educate himself. But whatever deductions we may make as a result of the analysis of these figures, I think that you will agree that as a mirror of the daily life of the medical profession these two tables have a unique interest.

THEORIES OF EDUCATION.

We have now an idea of the work that the student may expect to do when once he has embarked on the practice of his profession. The next step in our inquiry

is to consider what training he should receive for this. The theory is very simple. Medical education should consist of two parts: (1) studies which give a broader outlook and teach scientific methods—e.g., biology; and (2) studies in which the actual facts learnt are required in practice—e.g., clinical medicine.

It is necessary to have a clear idea on this point, as it lies at the basis of any well-devised curriculum, and although certain subjects—e.g., physiology—come under both headings and although certain clinical studies may be quite as good training as pure science, still this does not invalidate the subdivision. An example will make the distinction clear. In the course of clinical medicine the symptoms of enteric fever are considered in great detail; this is necessary—it is evident that the study of no other disease would do instead. In the course of biology, on the other hand, it is customary to study closely the anatomy of *lumbricus terrestris*, but an equally good course might be arranged in which *tubifex rivutorum* was substituted; the actual facts are not required subsequently—it is the training of mind and hand and the view of different forms of life that is of value.

Considering therefore the different uses to which the study of these two classes of subjects is applied there should be a corresponding difference in the manner of teaching them. This follows from the facts just mentioned and that this has not received sufficient attention in the present curriculum is, I venture to suggest, a fault that it would be wise to correct.

THE PRESENT CURRICULUM AND COMMENTS THEREON.

Let us see, however, before making any alterations what the student is expected to do at present, and at the risk of being tedious, I will set forth the full curriculum. The student is expected to attend lectures, courses, or what not in the following subjects:—

Biology.	Medical Jurisprudence and Toxicology.
Chemistry.	Hygiene and Public Health.
Physics.	Mental Diseases.
Anatomy.	Ophthalmology.
Physiology and Histology.	Dermatology.
Pharmacology and Therapeutics.	Otology.
Medicine.	Laryngology.
Surgery.	Anæsthetics.
Pathology and Morbid Anatomy.	Vaccination.
Bacteriology.	Fevers.
Pathological Chemistry.	Electrical and X Rays.
Midwifery and Gynæcology.	

Even if we take no note of the extended character of some of these subjects and the prolonged study they require the bare enumeration makes an appalling list and I fear that few of us realise the very heavy burdens laid on the medical student. The medical course is the longest and most arduous of any of the technical courses and it behoves us to see that the labour is expended to the best advantage.

Remembering that at this time we are only considering the question of the preliminary and intermediate sciences we will only refer to three of the many points that might be raised. 1. All the universities and colleges have adopted schemes which comprise the same subjects; any differences that exist concern minor points only. 2. Five years are officially allowed to complete the course. As a matter of fact, the time is insufficient; the student in the great majority of cases takes six to seven years before he has received his official hall-mark, and usually one year after this, spent as house surgeon, assistant, or some similar appointment before he starts on his own account. The total time is probably between seven and eight years. 3. The preliminary and intermediate sciences occupy a considerable time, usually taking three years, less than half of the total time as we have reckoned it. These three points require careful consideration.

First, as the subjects have been adopted more or less by general consent they are probably sufficient, provided that the student has had before matriculation a good elementary training.[1] Under the *second* and *third* headings different headings have been expressed; and the view has been put forward that both the time spent and the amount of each subject attempted are too great. I have carefully sought the opinion on this matter of many general practitioners, as it might be supposed that they would feel more accurately than anyone else the defects in the present system. The opinions I received surprised me a little, but on consideration it will be seen that they really follow in order from the theoretical views already stated. Briefly, the practically unanimous opinions were: (*a*) That the preliminary and intermediate subjects are of great value. (*b*) That this value is an indirect one: most of the men did not retain any knowledge of the facts learnt. (Some reservations were made as to parts of anatomy and physiology.) (*c*) The answer to the question which subject each man had found most useful differed. All the subjects were chosen in turn.[2] (*d*) There was a unanimous opinion against any shortening of the curriculum.

Now I venture to suggest that these collected opinions should carry considerable weight. It has been often said that the curriculum should be shortened and simplified; the medical practitioners I asked held very strongly a contrary view. It was represented to me that many of the grievances in practice arose from there being let loose too many young men, and that the future of the medical profession would be much better served if fewer men of a better class were qualified. This view seems a reasonable one. Some men rather regretted that they had spent so long over rare and unusual diseases to the neglect of those more frequently met with but none of those I asked seemed to feel that the time they had spent in studying science was wasted. The net result of the inquiry on my mind was rather to change the attitude I had formerly held and in the suggested alterations in the curriculum mentioned later I have accepted the postulate that the time taken shall not be lessened.

[1] See on this point "Medicine and the Public," by S. Squire Sprigge (Heinemann, 1905), where also many excellent suggestions are to be found on medical education in general.

[2] I imagine this means that each man used the particular science he knew the best; perhaps, also, that it is the scientific method that is valued and not any branch of science in particular.

A Suggested Reform.

We have, then, the problem how to teach science in the way that will be of most educational value and we are given, as at present, three years in which to teach it. Here I enter on a part of my discourse I put forward with much diffidence, though if you have followed the arguments already advanced and the theories that have been considered, I think you will admit that the reform is well founded. Briefly, the scheme is this: The syllabus of the preliminary and intermediate sciences is to be revised so as certainly to contain the comparatively few facts required in practice (the frequency of different cases giving an idea of the relative importance of these facts); it is also to be shortened so that by the end of the second year the student will have learned what is wanted. The third year is thus set free; it should be spent in taking an advanced course in any one of these sciences —biology, chemistry, physics, anatomy, physiology— and in one only.

Now I quite admit that at first sight such a scheme seems impossible, but a little reflection will show that it will not only be a great improvement on the present arrangement, but really is a logical conclusion from the facts I have collected. If it is admitted that the main use of the preliminary sciences is to train the mind, surely this is better accomplished by the careful and thorough study of one subject, where the methods can be learnt in a way that would be really useful, rather than by the present curriculum where the student is expected to learn a perfect encyclopædia of disconnected facts and then forthwith forget them.

It might be objected that two years would be too short to impart a sufficient training in five subjects and that in some mysterious way the standard would be lowered, but these objections rest on very slender grounds. No doubt the present syllabus could not be taught in two years, but there would be no difficulty in drawing up a syllabus that could,[3] and as a matter of fact a very similar syllabus is already in force abroad without the additional year propounded under this scheme. I do not think that, for the reasons already given, the foreign plan is as good as our own nor that less than three years should be spent in science. What I do claim is that the time can be better distributed than it is now. If it were so distributed the standard would not be lowered; on the contrary, the quality of work would be better and in the year of advanced study the student would receive a most valuable training that is at present left out.

It is not possible at this stage to give more than the barest outlines of the proposed scheme, and in any case the details would have to be considered by the teachers in the separate subjects. But the idea is somewhat as follows. In the first year of medical study biology, chemistry, and physics would be taught, and at the end of the year an examination passed in these subjects. In the second year would come anatomy and physiology. If at the end of this year the student had made satisfactory progress, he would be permitted to spend the next year in advanced work in any one of these subjects. At the end of the third year he would pass an examination in anatomy, physiology, and the "advanced" subject he has chosen. He will then proceed to his more exclusively clinical work, taking with him—it is hoped—a knowledge of scientific methods which he would apply to his clinical studies. The particular "advanced" subject that the student would choose would depend on the goal for which he was aiming—I would admit the widest possible choice—it being clearly understood that the actual anatomical and physiological facts required for clinical work had been already learnt in the two preliminary years.

It is obvious that the success of the scheme in practice would depend on the skill with which the syllabus for both the "elementary" and "advanced" subjects was drawn up, as in the former it would be necessary to make a selection from each science and decide what facts should be taught and what omitted, in the latter to give a good idea of the whole subject as well as instruct the student in scientific methods generally. But I do not expect that these details would be as difficult to arrange as might be supposed and I think the advantages of the scheme would be found to be considerable.

A Minor Detail: Conclusion.

There remains for our consideration what is from the theoretical standpoint a very minor detail, but which has a great personal interest for us—that is, whether medical education shall be carried on at separate hospitals or at one, two, or three centres planted at different spots in the metropolis. If the question be dispassionately studied it is quite clear that, as far as learning is concerned, it is of no consequence where a laboratory is situated. The quality of work at any place depends first on the professor in charge, secondly on the equipment, and thirdly on the suitability of the building. If all these three are of good quality it is of no consequence whether the laboratory is placed at an institute or a hospital. Which locality will prove the best in practice, supposing these desiderata are equally fulfilled, will then depend on conditions which though important are only of secondary value from the standpoint of learning, such as the cost of up-keep, facility of access, proper supervision over the students, and such like. One cannot therefore suppose that if these institutes were founded the millennium would follow.

As regards finance, it is quite plain that the students' fees on the present basis will always be insufficient to provide for their proper training in science under either scheme. Outside financial assistance therefore will be required, both for institutes and hospitals; which of the two the public prefer to support remains to be seen; it seems to me that, as there is not an unlimited amount of money to be obtained, it would be much better spent on institutions already in existence and working satisfactorily, rather than building and endowing new laboratories which might or might not be an improvement.

[3] That is, it could be taught as well as the various professional subjects are taught in the remaining years. To really learn *all* the subjects of the medical curriculum thoroughly would take an ordinary lifetime at the least.

There is one point with regard to "concentration" schemes to which the experimental method can be applied and that is the quite subordinate detail of how a hospital medical school which instructs its students elsewhere fares under the process. Two of the London hospitals have recently done this. We would be greatly interested to learn whether or not they find that the students do better work and whether the change is popular, as indicated by a greater or smaller number of men taking advantage of these conditions. So far, I have no information to offer; perhaps some of my hearers can supply the want?

Meantime, I think one can be very well satisfied with things as they are at St. Mary's, in all except one point. I observe that in the past our students have taken more than their share of prizes and academic distinctions, that in the present you have well-equipped laboratories for each science presided over by teachers recognised by the University of London, and that the standard of work will compare very favourably indeed with any university in the kingdom. The only point that can be improved is that of finance. So far generous donors have rescued us from our difficulties, but to carry on the work of the school as it should be requires an endowment of some kind. I therefore commend this object to those well disposed to medical education and I have much pleasure in announcing one donation towards one department which I hope may be a guide to other donors who may be interested in other subjects, and which may be a stepping-stone to the realisation of the scheme that has been propounded. An anonymous benefactor, through Dr. Collingwood, has offered to pay £100 per annum for a research scholarship in physiology and a further sum of £100 per annum for the expenses of the research or for a second scholar for a period of two years. I am sure you will all join with me in returning our heartiest thanks for such a welcome present.

This brings to a close the consideration of the teaching of the preliminary and intermediate sciences as they bear on the practice of medicine. You have seen the question from a new standpoint and I hope you will not lightly brush aside the suggestions made as a direct result of the facts that have been collected and the representations made by men who have passed through the curriculum, who have discovered by experience the bearing that their training has on their daily life, and know better than anyone else the needs of their profession.

Publications, etc., Received.

"Guy's Hospital Gazette." "Middlesex Hospital Journal." "St. George's Hospital Gazette." "The Broadway." "The Hospital." "The Nursing Record." "University College Gazette," "University of Durham College of Medicine Gazette." "St. Thomas's Hospital Gazette." "St. Bartholomew's Hospital Gazette." "New York Medical Journal." "London Hospital Gazette." "Brooklyn Medical Journal." "The Stethoscope." "Treatment." "General Practitioner." "Charing Cross Hospital Gazette."

The Decomposition of Hydrogen Peroxide by Colloidal Platinum and by Haemase. Examples of Catalysis.

By GEORGE SENTER, PH.D.,
Lecturer on Chemistry, St. Mary's Hospital Medical School.

In recent years, the question of catalysis has become of increasing importance in Chemistry and in those branches of knowledge, including such diverse subjects as chemical technology and physiology, in which chemical changes play an important part.

In order to have a clear idea as to what is meant by catalysis, we must, in the first place, bear in mind that there are great differences in the velocity of chemical reactions; whilst some are practically instantaneous, *e.g.*, the neutralization of sodium hydroxide by hydrochloric acid, others proceed with extreme slowness, *e.g.*, the combination of hydrogen and oxygen at ordinary temperatures to form water. In the latter case the mixed gases will remain for weeks without any appreciable combination taking place, but if brought into contact with a little finely-divided platinum at the ordinary temperature, or if the temperature be raised to 500° in the absence of platinum, combination proceeds fairly rapidly and water is formed. The platinum does not undergo any chemical change, and can be removed, unaltered in appearance and amount, at the end of the reaction; it has therefore accelerated the chemical change without itself being permanently affected, and this is what we understand by a catalytic action.

The question now arises as to how the platinum or other catalyst acts. In this connection we may recall the important electrical law associated with the name of Ohm, which tells us that—

$$\text{Strength of electric current} = \frac{\text{Electromotive force}}{\text{Resistance}}.$$

An exactly similar law holds for chemical reactions, and may thus be formulated:

$$\text{Rate of chemical action} = \frac{\text{Driving force}}{\text{Resistance}}.$$

From this we see that a chemical reaction will be the more rapid the greater the driving force and the less the resistance. By driving force in this case is to be understood chemical affinity or chemical attraction which cannot be varied much at the ordinary temperature, although it probably increases enormously with rise of temperature; as to the nature of the resistance, very little is known. If now a reaction between two substances is proceeding very slowly owing to high resistance, it is often possible to diminish this resistance by the addition of a third substance, which therefore accelerates the reaction without altering the final products. Ostwald has compared this process to the effect of oiling machinery; with the same driving force a greatly increased velocity is thus attained.

Space does not permit of more than a passing reference to the importance of catalysis for technical processes. It may be mentioned that it was the accidental discovery of the proper catalyst for an important oxidation process that rendered the preparation of artificial indigo a commercial success. Catalytic processes are also of enormous importance in animal and vegetable life. The body has been called by an eminent German chemist "an immense catalytic agent," and in nothing is this shown more clearly than in the rapid and smooth oxidation of fats in the animal organism at the body temperature. In the laboratory we can only oxidize fats with great difficulty and at high temperatures, and the reason of this unfavourable result as compared with that effected by the living organism is clear—we have not yet discovered the proper catalyst.

The catalytic agents present in plants and animals are known as "unorganized" ferments, or, better, enzymes; a very large number of them are known. In the present paper I propose to discuss shortly the decomposition of hydrogen peroxide into water and oxygen under the influence of finely-divided platinum and of haemase, an enzyme present in blood.

It is well known that hydrogen peroxide is not very stable in aqueous solution—when kept for a long time—and more particularly when exposed to light it slowly decomposes, according to the equation $2H_2O_2 = 2H_2O + O_2$. When, however, a trace of colloidal platinum or of haemase is present, it decomposes much more rapidly, and the rate of the reaction can be conveniently followed by determining the amount of peroxide present at stated intervals by titration with potassium permanganate solution. It may be remarked parenthetically that, in the opinion of many chemists, a catalyst cannot start a reaction, but only accelerate one which goes of itself, though in some cases exceedingly slowly.

Colloidal platinum is prepared by passing an electric arc between platinum poles below the surface of cold water, and forms a dark-coloured solution in which no particles of platinum can be distinguished, even under the highest power of the microscope. There can be little doubt, however, that the platinum is not in solution in the ordinary sense, but is present in the form of minute suspended particles, the so-called colloidal particles. It can be obtained as a black precipitate by boiling the solution, or by the addition of salts. The rate of reaction between this colloidal solution and hydrogen peroxide has been very carefully investigated by Professor Bredig of the University of Heidelberg, and he finds that—as measured by the rate of disappearance of the peroxide—it is proportional to the amount of platinum present and to the strength of the solution in hydrogen peroxide. One of the most surprising things about this process is the small amount of the catalytic agent which is effective in causing increased rate of decomposition. It has been shown, for instance, that the action of 1 gram atom (197 grams) of platinum in 7 million litres of water is still measurable; this degree of dilution will be realised more clearly if we consider that it corresponds with about 1/35000 gram of platinum per litre. Another point which deserves to be mentioned is that the action is slowed down or "poisoned" by traces of various substances which are also poisonous for the animal organism. Among these, special reference may be made to hydrocyanic acid, mercuric chloride and sulphuretted hydrogen. This question will be dealt with more fully below.

The catalytic decomposition of the peroxide by the blood, enzyme, will now be referred to. For many years it has been known that certain animal and vegetable juices, such as blood, saliva, and pancreatic juice, have the power of splitting up hydrogen peroxide into water and oxygen, and, curiously enough, this catalytic action is also inhibited by the poisons mentioned above and by many others. It seemed therefore as if there was some intimate connection between the action of colloidal platinum and of these organic ferments, but no exact comparison was possible as there was no definite evidence—in the case of blood, for example—as to what caused the catalytic effect. In the year 1902, I took up the investigation of the catalytic action of blood on hydrogen peroxide, and showed that it was due to an enzyme, which was obtained in aqueous solution in a fairly pure condition, and to which the name *haemase* was applied. Like other enzymes, it does not keep well at the ordinary temperature, but at 0° retains its strength unimpaired for a considerable time.

The action of haemase on hydrogen peroxide was investigated in exactly the same way as had previously been done for colloidal platinum, and it was found that both as regards the course of the reaction and the effect of poisons, the analogy in the action of the two catalysts is most striking. In very dilute solution, the rate at which the peroxide is decomposed is proportional to the amount of enzome present and to the strength of the pyroxide solution. When the latter is fairly strong the rate at which it undergoes decomposition is rather more than doubled when the amount of enzyme is doubled, and the same is true of the platinum catalysis, so that even as regards deviations from the simple laws the two reactions show great analogy.

The most interesting part of the subject, however, is to compare the effect of poisons, such as hydrocyanic acid and mercuric chloride, on these two reactions. In this connection it is convenient for comparison to find what concentration of the poison will diminish the rate of the reaction to half its original value. To illustrate the nature of the results part of a table from one of the papers on this subject is here quoted. The figures in the second and third columns refer to the number of gram molecules of the poison per litre required to slow down the reaction to half its original value :—

	Colloidal Platinum. (*Bredig.*)	Haemase. (*Senter.*)
	Concentration of Poison.	
H_2S ...	1/300,000 molar.	1/1,000,000 molar.
HCW ...	1/20,000,000 „	1/1,000,000 „
$HgCl_2$ ...	1/2,000,000 „	1/2,000,000 „
$Hg(CW)_2$ ...	1/200,000 „	1/300 „
HCl ...	1/3,000 „	1/100,000 „
HuO_3 ...	No diminution.	1/250,000 „
CO ...	Very poisonous.	No diminution.

From this table we see that such substances as sulphuretted hydrogen, hydrocyanic acid and mercuric chloride, which are very poisonous for the animal organism, are also very toxic for the reactions we are considering. One of the most remarkable features of the table is the poisonous action of extremely dilute solutions. We thus find that a solution of hydrocyanic acid, containing only one drop of the pure acid in 1,300 litres or 300 gallons of water, slows down the action of haemase on the peroxide to half its value. One would consider it impossible to detect the acid at all when present in such a homœopathic dose, and yet this is not only effected by the method in question, but even the strength of the solution can be approximately estimated.

Although there is a great analogy in the effect of poisons on these two reactions, yet there are considerable differences, and this is not surprising when we consider the very diverse origin of the two catalysts. The difference is perhaps most strikingly shown with acids, which have little effect on the platinum catalysis, but greatly retard the haemase catalysis. Such acids as acetic acid and benzoic acid are much less effective in this respect than hydrochloric acid, and a comparison of the results shows that the retarding effect is approximately proportional to the strength of the solutions as regards hydrogen ions. This result is most readily accounted for on the view that acids enter into chemical combination with the enzyme with formation of salts, the latter thus acting as a weak base.

It now remains to find a possible explanation of the results enumerated above, more particularly of the facts that the course of the reactions is identical in the two cases, and that many substances affect both reactions in the same way. As regards the first point, I have given reasons for supposing that what is measured is not a chemical reaction at all, but the rate at which hydrogen peroxide diffuses to the particles. To understand this view of the matter, we must bear in mind that colloidal solutions are regarded as containing extremely minute solid particles in rapid motion. If now these particles, say of platinum, are present in a solution of hydrogen peroxide, and if the rate of reaction between the latter and platinum is very rapid, the peroxide on the surface will be decomposed more quickly than new peroxide can reach it by diffusion, and therefore the rate of disappearance of the peroxide—which is what is observed experimentally—will be conditioned by the rate of diffusion of the peroxide to the particles. That the slower of two reactions is that which conditions the observed speed will be evident if we bear in mind that in the sending of a telegram the time taken by the messenger between the receiving office and the abode of the recipient is alone of importance.

Whether the considerations apply to this case must be regarded as an open question, but it accounts satisfactorily for the analogous course of the reaction with the two catalysts, as the velocity of the chemical change would be negligible in comparison with the diffusion.

A point which still remains to be dealt with concerns the explanation of the effect of poisons on the catalysis. It does not follow that because the same substance is toxic for both reactions its mode of action is the same in each case. Thus we can readily explain the action of sulphuretted hydrogen and mercuric chloride on the platinum catalysis by assuming that these substances form traces of sulphide and metallic mercury respectively on the surface of the particles, so that the latter can no longer act on the peroxide. This is reason to suppose that the majority of substances which are poisonous for the platinum catalysis act in a similar manner. As regards the haemase catalysis the question is rather different. It is probable that the majority of the poisons enter into chemical combination with the enzyme, forming complexes which are inactive towards the peroxide, and this seems the more probable as the most active poisons are just those bodies which give precipitates with albuminous substances.

Enzymes allied to haemase are of very wide occurrence in the animal and vegetable kingdoms, and seem to be normal constituents of living cells. It cannot be doubted that they are of importance for the life of the cells, but no definite information as to their function has yet been obtained. It is known that hydrogen peroxide is of very frequent occurrence as a secondary product in oxidation processes, and as it is poisonous for protoplasm, it has been suggested that the enzymes in question destroy the traces of peroxide which are no doubt formed in the course of the active processes of the plants, and thus prevent the accumulation of a body deleterious to the living substance of the cell.

Annual Dinner.

The Annual Dinner of the past and present students of St. Mary's Hospital Medical School was held at the Hotel Métropole on Tuesday night. The chair was taken by Dr. M. Handfield-Jones, Obstetric Physician to the Hospital, and some 120 old St. Mary's men were present. After the usual loyal toasts had been duly drunk the Chairman proposed the toast of the evening, "St. Mary's Hospital, its School, and its Alumni." This was received with much enthusiasm, and acknowledged by the Dean of the School, Dr. H. A. Caley, who called attention to the recent successes achieved by St. Mary's, and in particular to the great number of students whom the brilliant work of Sir Almroth Wright has attracted to the Pathological Department. Response was also made on behalf of old students by Dr. Martley in a speech of which the humour was highly appreciated. Formal speech-making did not, however, last long, and a very pleasant evening was spent in exchange of reminiscences and items of personal news, and in listening to a capital selection of songs and recitations.

St. Mary's Hospital Football Club.

RUGGER NOTES.

Our unequal struggle with the Higher Powers, waged last year with varying success, is a thing of the past. Freeman's loss means a lot more to those of us who work in the scrum than the outsider will readily realize. He could be depended on. He brought something like fourteen stone on to the field, and used every ounce of it. Inaggressive shoving he had no serious rival. A blood-thirsty man on and off the field, he used both pace and weight in downing the man with the ball. Freeman learnt all his Rugger at Mary's, and if he had cared for such things, might have gone much further than a hospital pack. A great loss.

There is no truth in the rumour that Freeman's chief has been seen borrowing football raiment, and intends turning out to fill the vacant place forward.

We hear that the Caerphilly G.P. is expected to have some sort of qualification besides playing for the London Welsh. We sympathise with last year's vice-captain in the unreasonable attitude of the Welsh Authorities.

Seriously at a time when the Rugby club is doing its utmost to keep the games going, we feel certain Hawkins will reconsider his decision to give up the game. If the Rugby club go smash, we shall very soon join the Hospitals which have no regular teams. After all it is desirable to belong to a School which is a factor in United Athletics.

The "A" XV. opened the season on Saturday by gathering in 19 points at the expense of Wimbledon's first team. Lees was in great form forward. The way he took the ball from a cross kick and romped over was great. The "A" forwards are developing very hearty methods. They dribble the man and the ball. Excellent. Behind Willis went for the line with any amount of go. He should make a good wing ¾ before March. May looks like being an acquisition at half.

Prospects for Sandhurst are not very cheerful, Louwrens, Freeman, Litteljohn, Hawkins, Juler, and perhaps Taylor. will for various reasons not be able to turn out. The rest are more or less fit. So far we have not heard of any new men, that fact at any rate excludes Welsh recruits.

Louwrens is suffering from the attentions of the Blackheath forwards, and the state of the ground.

THE PRESS AND HOSPITAL RUGBY FOOTBALL.

Every season some three score players are in the running for International honours. Probably there isn't a great deal in it, who is taken, who left. A cap depends on their good works being known unto men—of the selection committee. A man who plays for Richmond or Blackheath has an advantage, because he is constantly under observation. Sometimes nature comes to his aid with red hair, or a pretty taste in stockings. Often he is 'run' by the halfpenny press. In the past the press has ignored Hospital Football, with one glorious exception.

Every January, the Editor telleth off the man responsible for the ladies' column, to get his effects at Richmond instead of Bond Street. Whether the good man ever makes the journey is at least doubtful, he never commits himself in the report. The result, however, cannot fail to please anyone with a sense of humour.

Seriously we are a little weary of the "usual vigorous Cup Tie order" descriptions. And so we welcome the discovery towards the end of last season, that exceptionally a medical is first class before he is out of his year. Tub-thumping alone is understood of the people, and we are delighted to find one of the two great "half-pennys" taking last year's captain under its wing. We know him as 'a fine all-round half back,' when he becomes 'a white-haired wonder,' he'll get his cap. Waffle works wonders.

Reviews of Books.

GOLDEN RULES OF MEDICAL EVIDENCE. Stanley B. Atkinson, M.A., M.B., B.Sc., etc. Bristol: J. Wright. 1/-.

We recommend the perusal of this admirable little booklet to those medical students who may be called upon to give evidence in a court of law. They will find many pieces of useful information, and much sound advice. For example: we read "the best memory is a record *made at the time*." "Beware of writing—*there is no*, etc., when you intend to report—*I can find no*, etc." "If a text-book be quoted . . . *strictly verify* the text . . . before affirming the quotation." The latter advice applies to other matters besides the one in hand. Some remarks are a little superfluous—"Affiliation to putative parent from personal resemblance is insufficient." "Do not sign a receipt before you have received the money." To all which might have been added—"Do not tell a lie"!!!

"SCIENCE PROGRESS."

The October number of *Science Progress*, amongst much excellent matter, contains an article by Dr. A. C. Inman, entitled "Science in Medicine." Dr. Inman has succeeded in giving a most interesting and instructive account of the various anti-bacterial substances found in the blood. The explanation which he offers us of the failure of anti-bacterial sera in contradistinction to anti-toxic sera, appears to be perfectly sound. The diagrams of Inoculation curves well illustrate how easily in serum-therapy in ignorant hands may be injurious rather than beneficial in its results. We note with interest the author's remarks on the diagnosis of tuberculosis by means of the opsonic index, which he compares to the Widal test. Altogether we thoroughly recommend the

perusal of this article to all those who are anxious to be acquainted with the recent progress of "Science in Medicine."

"The nature of Enzyme Action," by W. M. Bayliss, F.R.S., and "The Physical Basis of Life," by W. B. Hardy, F.R.S., are both of them articles full of interest. Indeed, the present number of *Science Progress* has done more than maintain the high level of excellence reached by the last.

St. Mary's Hospital Medical Society.

The following is the programme for the Session :—

Oct. 10, 1906.—"Old and New." Mr. Herbert Page. Microscopical Specimens by Mr. C. I. Graham.

Oct. 24.—"Hypnotism." With demonstration. Mr. Edwin Ash.

Nov. 7.—"Mechanics and Hydrostatics in Surgery." Mr. Maynard Smith. Microscopical Specimens by Dr. E. Graham Little.

Nov. 21.—"Pathology of Sydenham's Chorea." Dr. F. J. Poynton. Microscopical Specimens.

Dec. 5.—"Tumours of the Testicle." Mr. B. H. Spilsbury. Microscopical Specimens by Mr. B. H. Spilsbury.

Jan. 17, 1907.—"Optic Neuritis." Mr. Leslie Paton. Microscopical Specimens by Dr. Gordon Holmes.

Jan. 30.—"Headaches and Neuralgia." Dr. Wilfred Harris. Microscopical Specimens by Mr. C. I. Graham.

Feb. 13.—"The Mutual Relationship between Fibroids and Pregnancy." Dr. T. G. Stevens. Microscopical Specimens.

Feb. 27.—Sir Almroth Wright. Microscopical Specimens by Mr. B. H. Spilsbury.

Mar. 13.—"Retention of Urine." Mr. Fitzmaurice Kelly. Microscopical Specimens.

St. Mary's Hospital Christian Union.

Programme for Session 1906-1907 :—

Oct. 11, 1906 (Thurs.).—"What think ye of Christ?" Mr. R. P. Wilder, M.A.

Oct. 22.—C. T. Studd, Esq. (one of the "Cambridge seven").

Oct. 29.—Annual Sermon in Chapel. Right Rev. Bishop Montgomery.

Nov. 15 (Thurs.).—"Character." Rev. E. S. Woods, M.A., Ridley Hall, Cambridge.

Dec. 3.—"The Law of the Land." Dr. Handfield-Jones.

Dec. 17.—Preb. Webb-Peploe.

Jan. 14, 1907.—Dr. Monro-Gibson.

Feb. 25.—C. T. Studd, Esq.

These meetings will be held in the Library of the Medical School, from 5 to 6 on Mondays, except where otherwise stated.

All men are welcome.

Two or more Bible Circles, as required, will meet at Stafford Rooms. For further particulars, see notices.

Hon. Secs., E. W. Squire and C. L. Pattison.

Appointments.

CORBETT, G. H. U., M.B., B.C.Camb., L.R.C.P., M.R.C.S., Assistant Medical Officer, Royal Hants County Hospital, Winchester.

CROWE, J. T., L.S.A., Resident Assistant Anæsthetist to the Hospital.

CUNDELL, H. J., L.R.C.P., M.R.C.S., Medical Officer, London County Asylum, Horton, Epsom.

CUNNINGHAM, H. H. B., M.D.Brux., F.R.C.S.I., L.R.C.P., M.R.C.S., Honorary Demonstrator of Anatomy, Queen's College, Belfast.

SECCOMBE, C. W., L.R.C.P., M.R.C.S., appointed to the Staff of the Tavistock Cottage Hospital.

THWAITES, CYRIL E., L.R.C.P., M.R.C.S., has been appointed Civil Assistant Resident, Northern Nigeria, Central Africa.

NIXON, J. H., M.B., B.S.Lond., Second Assistant Medical Officer at the Infirmary of the Lewisham Union.

Change of Address.

BARRETT, E. H., M.B., B.S.Durh., L.R.C.P., M.R.C.S., 258, Gloucester Gardens, W.

FRENCH, J. GAY, M.B., B.S.Lond., L.R.C.P., M.R.C.S., 23, Porchester Gardens, Bayswater, W.

MICHÔD, F. A. HOPE, M.B.Lond., L.R.C.P., M.R.C.S., Longreach, *via* Rockhampton, Queensland, Australia.

Pass Lists.

UNIVERSITY OF LONDON.

INTERMEDIATE M.B. EXAMINATION.

Anatomy, Physiology and Pharmacology.—C. G. Galpin.

PRELIMINARY SCIENTIFIC EXAMINATION.

Part I.

Organic Chemistry, Experimental Physics, and Biology.—G. R. Lynch, R. G. Sparkes.

Inorganic Chemistry and Biology.—W. H. Vincent.

Biology only.—W. S. Armitage, C. L. Pattison.

Part II.

Organic Chemistry.—G. V. Hobbs, J. Menzies.

CONJOINT BOARD.

FIRST EXAMINATION.

Chemistry.—H. H. Budd, N. H. Gilbert, G. K. Maurice, A. M. Stuart, R. T. Timberg, F. St. B. Wickham, R. F. Wilkinson.

Elementary Biology.—G. J. F. Elphick, P. V. E. Hayes, F. Wells.

Practical Pharmacy.—C. D. Faulkner, E. G. P. Faulkner, H. E. B. Finlaison, E. C. Hobbs, R. A. Hobbs, H. S. Mason, R. A. Parsons, A. J. Tozer.

SECOND EXAMINATION.

Anatomy and Physiology.—R. S. Graham, A. W. Duncan, R. H. S. Marshall, J. L. Waller.

FINAL EXAMINATION.

Midwifery.—A. Fleming, R. L. Ley, E. C. Pope, A. A. Straton.

Surgery.—H. Bevis, A. Fleming, R. de. V. King, A. C. H. Rothera.

Medicine.—A. Fleming, A. L. Jones, H. G. Rickman, A. C. H. Rothera, C. Speers.

L.R.C.P., M.R.C.S.—H. Bevis, A. Fleming, A. L. Jones, H. G. Rickman, A. C. H. Rothera.

UNIVERSITY OF DURHAM.

DEGREE OF M.B. AND B.S.

Sidney Nix, L.R.C.P., M.R.C.S.

SOCIETY OF APOTHECARIES.

PRIMARY EXAMINATION.—Part II.

Anatomy.—E. W. Archer, B.Sc.

Medicine, Sections I. and II.—E. W. Squire.

Forensic Medicine.—Q. S. Keat, E. W. Squire, F. A. K. Stuart.

Midwifery.—Q S. Keat.

Surgery.—H. A. Fenton (Sect. I.), Q. S. Keat (Sects. I. and II).

The Services.

ROYAL NAVY MEDICAL SERVICE.

Surgeon F. F. Lobb, L.R.C.P., M.R.C.S., to be Staff-Surgeon, May 23rd, 1906. Surgeon, May 23rd, 1898.

(In March, 1900, Surgeon Lobb volunteered to go in a heavy sea to assist in the rescue of thirteen French Malagasy subjects who had been wrecked on the uninhabited island of Europe; for this he received the thanks of the French Government. He served in South Nigeria, and on the Lower Niger in 1902, receiving a medal with clasp, and in 1901-2 with the Gambia Expedition.)

Surgeon R. S. Osborne, L.R.C.P., M.R.C.S., has been appointed to H.M.S. Merlin on Commissioning.

ROYAL ARMY MEDICAL CORPS.

PROMOTION.

Lieut. J. A. W. Webster, L.S.A., to be Captain.

Lieut. F. C. Lambert, L.R.C.P., M.R.C.S., to be Captain.

Captain S. W. Sweetnam, L.R.C.P., M.R.C.S., to be Major.

(Major Sweetnam joined as Surgeon-Lieutenant, 28th July, 1894, and was made Surgeon-Captain, 28th July, 1897.)

CHANGE OF STATION.

Captain H. B. G. Walton, L.R.C.P., M.R.C.S., from Exeter to R.A.M. College.

Captain J. I. W. Morris, L.R.C.P., M.R.C.S., from R.A.M. College to Edinburgh.

Captain J. H. R. Bond, L.R.C.P., M.R.C.S., from Bulford to R.A.M. College.

Captain P. S. Lelean, F.R.C.S., to India.

Lieut. O. Ievers, M.B.Lond., L.R.C.P., M.R.C.S., from Middleburg to Wynberg.

Lieut. E. J. H. Luxmoore, L.R.C.P., M.R.C.S., from Meerut to Simla.

Lieut. R. A. Bryden, L.R.C.P., M.R.C.S., from Longmoor to Bordon.

ARMY MEDICAL RESERVE OF OFFICERS.

PROMOTION.

Surgeon-Captain Eustace M. Callender, L.R.C.P., M.R.C.S., to be Surgeon-Major.

Surgeon-Lieut. R. A. Draper, L.R.C.P., M.R.C.S., to be Surgeon-Captain.

INDIAN MEDICAL SERVICE.

The following have been approved by the Director-General, Indian Medical Service, as specialists in the subjects noted against their names:—

Lieut. J. Hay Burgess, M.B.Lond., F.R.C.S. (*Operative Surgery*).

Lieut. C. H. Broadribb, M.B., B.S.Lond., L.R.C.P., M.R.C.S. (*Operative Surgery*).

VOLUNTEER CORPS.

Surgeon-Lieut.-Col. Atwood Thorne, M.B.Lond., L.R.C.P., M.R.C.S. (Honorary Captain in the Army), is granted the Honorary Rank of Surgeon-Colonel.

Announcements.

BIRTHS.

AUSTIN.—On July 11th, at "Allandale," Lingfield, Surrey, the wife of Neville H. Austin, L.R.C.P., M.R.C.S., of a daughter.

BUTTERWORTH.—On August 29th, at The Crescent, Wisbech, the wife of Rupert Butterworth, M.B., B.C.Camb., of a daughter.

MICHÔD.—On August 15th, 1906, at Longreach, Queensland, Australia, the wife of F. A. Hope Michôd, M.B.Lond., L.R.C.P., M.R.C.S., of a son.

MOON.—On August 5th, at High Beach, Victoria Parade, Broadstairs, the wife of E. G. Moon, L.R.C.P., M.R.C.S., of a daughter.

WEBB.—On September 7th, at Northleach, the wife of Capt. H. G. S. Webb, R.A.M.C., L.R.C.P., M.R.C.S., of a daughter.

MARRIAGES.

BAKER—MACKIE.—On July 26th, at Esher Parish Church, Captain W. L. Baker, R.A.M.C., L.R.C.P., M.R.C.S., to Mary Yeats, elder daughter of the late T. Mackie, of Great Western Estate, Ceylon, and Mrs. Mackie, Lisleworth, Esher, Surrey.

BURGESS—THOMPSON.—On September 28th, at St. Thomas's Cathedral, Bombay, Captain J. Hay Burgess, I.M.S., M.B.Lond., F.R.C.S., elder son of the Rev. William Burgess, of Rome, Italy, to Ethel, daughter of the late Thomas Thompson, of Hull and Beverley, East Yorks, and Mrs. Thompson, Newhaven, Trinity Road, Bridlington.

COLLIER—SUMMERHAYES.—On September 1st, at All Souls', Langham Place, James Stansfield Collier, M.D.Lond., F.R.C.P., second son of Alfred Henry Collier, Esq., of Cranford, Middlesex, to Minna Maud, only daughter of William Summerhayes, M.D., of Loyterton, Beckenham.

HARRIS—MAYNE.—On July 21st, at St. Peter's, Cranley Gardens, London, Wilfred Harris, M.D., F.R.C.P., of 61, Wimpole Street, to Mabel, elder daughter of the late Rear-Admiral Richard C. Mayne, C.B., M.P., and Mrs. Mayne, of 101, Queen's Gate, S.W.

HUNT—MASON.—On September 5th, at St. Margaret's Church, Westminster, G. H. Hunt, M.B., B.C.Camb., L.R.C.P., M.R.C.S., to Pearl, daughter of the late R. Mason, Esq., of Swansea.

DEATHS.

DE MORGAN, A.—On September 20th, at Um Gariatt, Assouan, Egypt, Augustus De Morgan, L.R.C.P., M.R.C.S., aged 32.

EVANS.—On August 5th, at Llandilo, R. D. Evans, L.R.C.P., M.R.C.S., aged 42.

FRASER.—On August 8th, at Weston-super-Mare, Graham Bisdee Fraser, M.R.C.S., L.S.A., aged 53.

PILKINGTON.—On September 14th, in India, Captain Arthur Frederick Pilkington, I.M.S., L.R.C.P., M.R.C.S., aged 30.

SMITH.—On July 20th, at Queen Anne Street, Cavendish Square, Noble Smith, F.R.C.S.Edin., aged 59.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XII.—No. 9. **NOVEMBER, 1906.** **Price 6d.**

Notes.

The Winter Session is now in full swing, and (no doubt) everyone is so much occupied with work that there remains little time for the lighter side of life. Hence our notes for this month deal mainly with the serious side of things.

Two occurrences, however, have given grace and variety to this condition. One was the presentation of a token of regard and esteem to Mr. Page, together with the expression of warm admiration and regard from the Staff, Lecturers, and Students, of which a full account appears later.

The other is the testimonial and presentation to Miss Medill, who has for the last twenty-one years filled the office of Matron, with a dignity and sympathy and skill that has endeared her to all her colleagues and acquaintances. The account of the presentation will be found in the Nursing Notes.

Our congratulations are given to those who have successfully overleaped the obstacles placed in their way by the various Examining Boards, and our condolences to those who found their merit not sufficiently appreciated. The latter will sympathise with the tale of the man who, when his pig came to the scales, felt sad at the lack of adipose tissue. He was, he said, much disappointed in the animal; it had not come up to his expectations, and he never thought it would!

The new Physics Laboratory has been informally inaugurated (by the Lecturer opening the door) and is now in full working order. It is one of the many signs that both the Lecturers and Students of St. Mary's are determined that the work of the Medical School shall be of first-class quality in the future, as it has been in the past.

We see it stated that the Bradshaw Lecture at the Royal College of Surgeons will be delivered by Mr. Edmund Owen on Wednesday the 12th of December next at 5 o'clock p.m., and that the subject of the lecture will be "Cancer; its treatment by modern methods." No special invitations are required, and we are sure that Mr. Owen will like to feel that he is supported in his task by the presence of many friends from his old Hospital.

Miss Medill desires to express her most grateful thanks to all her friends who testified their good-will by the very handsome and generous gifts presented to her on 1st November. Their kind and cordial expressions, far beyond her poor merits, will be ever to her a source of glad and most grateful remembrance. Her only regret is that she cannot thank each friend individually.

For the present year, the Committee have decided to extend the time for receiving Essays for the Gold Medal in Clinical Medicine to Friday, December 21st, by which date all Essays must be sent in to the School Secretary.

*** Many contributions are held over from want of space till the next number.

The Page Testimonial.

The Medical Society meeting on Wednesday, November 7th, was selected as the occasion for the presentation to Mr. Page of two massive silver cups of Queen Anne design and a handsome silver salver, coffee pot, cream jug and sugar basin, each with Mr. Page's crest engraven thereon ; also of a beautifully illuminated testimonial, with the Hospital crest richly inscribed in red and gold, and containing the names of the donors, framed in gilt.

Mr. Lane, in the chair, called on Dr. Lees to address Mr. Page in reference to the presentation.

Dr. Lees rose and in very warm-hearted words told Mr. Page that the presentation and testimonial were tendered him by his colleagues on the staff and former house surgeons and friends as a small manifestation of the unbounded esteem and regard in which he was held by all concerned.

Mr. Page's reply gave evidence of his high appreciation of the gift, and showed how deeply and feelingly he valued the manifestation of good-will on the part of his friends. His words ran thus :—" Dr. Lees and friends at Mary's, I believe a prominent symptom in Ludwig's Angina is a hard lump in the floor of the mouth, rendering deglutition impossible and speech difficult. The lump I am conscious of is not of this nature ; the X-rays would show it to be due to my heart, which is known to get displaced on occasions such as these." He said the testimonial would always be valued by him as one of his dearest possessions, and should be placed amongst his other Lares et Penates in a place sacred to himself, and where he could look upon it and blush unseen. The salver and coffee set would, he said, be used every day by his wife, and would be a perpetual reminder to him of the kindness of his friends. Mr. Page went on to speak in a very touching way of his advancing years and the termination which must come anon to one and all. He spoke of "Crossing the Bar," "Sinking into the infinite azure of the past," and other such quotations, too numerous to mention—rather unnecessarily lugubrious and anticipatory, we thought, in reference to one enjoying health and vigour such as is Mr. Page's fortunate lot, we might almost say due. Long may he retain it. He concluded by saying that Mary's should always have, as it ever had had, a very warm place in his heart.

The following letter has been received by the Editor :—

" Mr. Page desires, through the medium of the " GAZETTE, to convey to those of his friends who were " unable to meet him in the Library on November 7th, " his warmest thanks for the Address which was then " presented to him, and for the very beautiful Cups " and Silver Plate which accompanied it. The kind- " ness of all is most gratefully appreciated, and will " never be forgotten."

Medical Society.

"OLD AND NEW," BY H. W. PAGE, F.R.C.S.

Mr. Page opened his address, of which the title was " Old and New," with kind words of appreciation at being asked to read a paper before the Medical Society. As the number of members present (70) at the meeting amply testified, it was his audience who anticipated, and deservedly so, the greater share of appreciation. They were not to be disappointed. Mr. Page had suggested as his subject " Functional Disorder *v.* Organic Disease," but, as his own words put it, " In your generosity you preferred ' Old and New.' " In modest language he continued : " The misfortune is that I have forgotten all about the Old and that I know nothing of the New." He asked his hearers to bear with him while he endeavoured to contrast then and now—then, when he first entered the profession ; and now, after an experience of five-and-thirty more years. Continuing, his words ran thus : " First, however, it may be well to tell you something of the villain of the piece, for the survey which a man makes of the past must of course be tinged, tainted if you will, by his outlook on life not less than by the environment in which he has moved and by its influence upon him." After references to his distinguished father, Mr. Page went on to say :—In my boyhood I saw some of the most illustrious men of the famous Edinburgh School — Syme, the great surgeon ; Simpson, the obstetrician ; Duncan, Christison, Hughes Bennett, Gairdner, and many others. Nor was it altogether strange that on leaving school I first entered as a medical student at Edinburgh University, in May of 1864, living in the house of James Spence, the surgeon — " Dismal Jimmy," as he was commonly called. While I was there Miller died and Spence became Professor of Surgery, and it being *infra dig.* for a Professor of the University to take resident pupils, I moved in October of the same year to Cambridge. The one Summer Session at Edinburgh was not altogether wasted. Botany lectures by Balfour, and Natural History lectures by Allman, both distinguished men of science, were attended, and I saw much operating by Syme, Spence, and the other surgeons. I have sometimes wondered what might have been the course of my life had I stayed at Edinburgh. I should certainly not have been here to-night. It is interesting to recall that during the whole time I was at Christ's I was the one and only medical student in my College. Now, I suppose, there are scores. Cambridge ended, save for examinations, I went to the London Hospital, served the usual appointments, H.P., H.S., and others, was out for six months at the Franco-German War, then had a Winter Session in Vienna, and joined my father in Carlisle on the Derby day of 1872. Incidentally I may remind my sporting friends that the Derby on that occasion was won by Mr. H. Savile's Cremorne, and the betting was 3—1. In the course of my student career I had been brought into close relationship with some remarkable men, to whose teaching and example I owe more than I can say.

I always love to think and talk of Humphry. Unquestionably a great teacher, he loved teaching, and had the inestimable gift of imparting knowledge and of interesting one in everything he said. He taught how to observe, and was never weary of impressing upon one the importance of using the eyes before the voice and the hands in clinical investigation. He was a great anatomist—witness his work on the Joints—and when I went to Cambridge lectured on Anatomy and Physiology. It was only after several years that he became Professor of Surgery, the first occupant of the chair of Surgery which he had founded. To him more than to any other man are due the existence, prosperity and renown of the Cambridge medical school. He was sparing of praise, and it was a long time before I knew that I had been admitted to his friendship. It was an unspeakable pleasure to be associated with him again as examiner in surgery. Then for the first time one learned how great had been his difficulties in reviving the Cambridge school. Bodies were scarce for dissection, and had he not possessed the faculty of keeping his own counsel his difficulties would surely have been much greater. He was ably seconded by one Sims, whom, after his day spent as porter in the dissecting-room, one used to see waiting at the Fellows' table in Christ's Hall. I alone knew his gruesome occupation. Humphry summed up his excellencies by saying that he was the most truthful liar he had ever known. I saw much of Humphry's surgical practice, and picked up baskets full of crumbs from his table while an undergraduate. "Why?" was his favourite question, and this made one think. He delighted in young men, and kept himself ever young and fresh by association with them. Who that heard it will ever forget his speech when he dined with us at one of our October dinners?—how he told of his early apprenticeship, when amongst other menial duties it was his business to shut the shutters; "but" he added, with that expression of his which meant so much, "they were the shutters of a Museum." His work, anatomical and surgical, was of the highest possible order. His memory will long endure.

At the London there were three men who more especially influenced me—Sutton, Hughlings-Jackson and Hutchinson. Sutton was a great pathologist, as pathology then was. His published works are of rare philosophical merit, and are well worth reading even now. Hours and hours did I spend with him in the post-mortem room, where his knowledge was profound. His Sunday morning visits to the wards drew senior men from many of the hospitals, and his clinical instruction was unique of its kind. After careful examination at the bedside he withdrew a short distance and brought before the mind's eye the morbid appearances which would be seen on the "table." From him I derived the habit of mentally depicting the pathological changes going on in the living patient, and of relying perhaps too much on the *vis medicatrix naturæ* and of belittling treatment by drugs. Milk and physiological rest played a large part in Sutton's treatment of disease. "Heaven," he used to say, "was the place where you would find out what tubercle was."

What shall I say of Hughlings-Jackson, the honoured Father of British Neurology? My time at the London coincided with the dawn of the neurological work which has made such vast strides since. Jackson was just at that time propounding those views on convulsions which were later to be confirmed by the experimental observations of Hitzig, Ferrier and others; aphasia in its various manifestations was being unravelled from its obscurity; the ophthalmoscope was coming into constant use, and the beauties of Optic Neuritis were first being revealed and discussed. The time was one of unspeakable fascination, such as I have hardly ever experienced since. It was no small advantage to hear from his own lips his views on the evolution and dissolution of the nervous system, now generally accepted. and it enabled me to comprehend much that was obscure to others in his written work. There can be little doubt that my love for neurology sprang from this time and from work with Jackson, and that all I learned from him was of the greatest possible value when later I was brought into contact with and had to disentangle many obscure nervous disorders.

Jonathan Hutchinson, like his colleague Jackson, is still with us, and you all know him by name. A many-sided man, more imbued, I hold, with the spirit of John Hunter than any other man of his time. As a surgeon, as a dermatologist, as a neurologist, and as an ophthalmologist he was equally great; how great as a collector will perhaps never be known until his innumerable specimens and pictorial representations have been gathered together, as I hope some day they will be, in one Hutchinson Museum. How much we all of us owe to his lucid teaching on all sorts of subjects! How vastly interesting his speculation on the relationships of various maladies! To have been his House Surgeon was an invaluable experience and one of the greatest privileges of my life. And now, living in the country, I look forward every month to the arrival of the "Haslemere Museum Gazette," a journal of objective education, edited by him and mainly supported by his own contributions on matters biological, historical, archæological, literary, ethnological, &c. Truly wonderful for a man approaching his eightieth year, putting his *olim* H.S. to perpetual shame.

I lived in Carlisle for a year and a half, having a good deal of surgery of all kinds, ranging from removal of a cataract, my first, operation there, to amputation at the hip-joint, my last. Moreover, I engaged in general practice, and this experience was of inestimable value to me, for it shewed me how hopelessly ignorant I was and how much there is in private practice which is never found in our hospital work. For many reasons I was sorry to leave Cumberland. But I had always longed to settle in London and to become a hospital surgeon. The opportunity arose when in January of 1874 I was offered the post of surgeon to the L. and N.W. I accepted on the condition that at the end of the year I should be allowed to take hospital appointment. A bold venture, for railway work was not held in high repute. 1875 saw me Surgical Registrar at the London, and in the autumn of that same year a rising young surgeon, Edmund Owen

by name, whom I had met once in the summer of 1874 at a garden party, asked me to be his substitute at Mary's while he went to Italy to recuperate after scarlet fever. So began my association with Mary's, and a vacancy on the Staff in April, 1876, by the death of G. Gascoyne, cemented my connection by my being chosen to fill it.

These are to you, I fear, most wearisome details, and I mention them only that you may know what sort of experience and opportunities the villain of the piece had had before he came to Mary's and started on his thirty years of service—ten in the O.P. Department and twenty in the Wards.

I propose in the next place to contrast old and new as they affect the several elements of our work and body—to wit, medicine and surgery, the hospital, the school, the staff, the students and the University of London. And you will find me no mere *laudator temporis acti;* rather shall I make note of progress all along the line.

Of surgery, who can tell in adequate words the difference between then and now? To one who has lived through the changes of the past thirty years the wonder of it all must appear greater than to those who have been born in due time. Great operations there surely were, and great surgeons—none have surpassed them—but all, however famous or obscure, in large hospitals or in small, were oppressed by the high mortality from insidious and, as we have learned, preventible causes. Septicæmia, Pyæmia, Erysipelas *et hoc genus omne* reigned uncontrolled, and the curse of "hospitalism" was upon all. Simpson in Edinburgh, the great obstetrician, tried to get at the root of the matter by collecting the records of many hospitals. Erichsen and others in London were on the same quest, and hospitals as institutions for the treatment of surgical diseases were generally condemned.

Carlisle was not far from Edinburgh or Glasgow, and in the latter city there was one man quietly at work who was to revolutionise the whole of surgery. Long before I settled in London I had heard of Lister; his classical experiments with carbolic acid and sewage had been made near Carlisle, and had begun to arrest attention. And before the ritual of carbolic spray and carbolic-impregnated gauze dressings had been introduced, my father, in the Cumberland Infirmary, had been making trial of Lister's carbolic paste in which to enclose the site of an operation and seal it from the air. I can recall now the dressing of a Syme's amputation after ten days' concealment in carbolic putty, the patient having already had an initial rigor premonitory of the on-coming fatal pyæmia. I dare say it is very hard for those of the present day to realise that there really was any successful surgery in those days. But do not forget that primary union was often seen even then, and my father used to say that dry dressing, accurate apposition and perfect rest were the best means to secure it. We can hardly do better now. In 1876 Lister, who had succeeded his father-in-law Syme as Professor of Clinical Surgery in Edinburgh, came to London, invited to fill the chair of Surgery vacated at King's College by the death of Fergusson, the great Sir William, whose brilliant operating drew many to the theatre of King's College on Saturdays at 1. It was a great treat to see him, to hear his broad Scotch accent, and to watch the beautiful dexterity of his hands. Lister was not received with open arms by the senior men in London, who looked askance at his antiseptics, his germs, his spray and his carbolic gauze.

In October of that same year the introductory address at Mary's fell to my lot, and mine, I grieve to say, was almost the only voice raised in welcome of Lister. Moreover, I was not long in attending his practice at King's, was converted by what I heard and saw, and took the earliest opportunity of helping to introduce cleanliness and antisepsis into the surgery of Mary's. In which work Mr. Norton also had a hand. By slow degrees, and not without great opposition, Lister's views prevailed—here in London later than almost anywhere else, either in Great Britain or abroad—and through the several stages of antisepsis and asepsis to the present combination of both we have arrived at the degree of perfection which appertains to modern surgery. But while the preventible accidents of surgery were being certainly and surely prevented, no one, I think, foresaw how vastly the range of modern surgery would be thereby extended and enlarged. Think of abdominal surgery in all its varieties, of cerebral and spinal surgery, of renal and pulmonary surgery, of the surgery of goître, of the surgery of tuberculosis, of the surgery of the heart, as we know them to-day.

In my first year of full surgeoncy, chloroform was given for me 72 times, and in a recent year 170 times, not counting the holidays, or some 30 or 40 operations undertaken for me by my O.P. colleagues. And in importance, not less than in number, how vast has been the change in the operations of surgery.

How wonderful it all is! Surgery has become more conservative, that which it has always striven to be, and above all it has become more scientific. Were it not so, who can fail to see that mere manual dexterity and the love of chirurgery, the work of the hands, might have usurped and dominated the whole field of surgery, and that diagnostic skill and clinical acumen could not have kept pace with it? Herein, indeed, lies one of the most insidious temptations besetting modern surgery, that of operating for operation's sake, and it behoves all surgeons to strive against it. Great triumphs, who can doubt, are still in store; finality has not been reached, although a well-known surgeon said it had been 25 years ago; and as there has been progress in the past, so assuredly will there be greater progress in the future. I think we can claim for ourselves without vain boasting that Mary's has not stood still. The ancient surgery of James Lane, a real surgeon, hindered as all regretfully knew by long crippling illness, of Spencer Smith and Haynes Walton, gave place in due time to the surgery of the middle period, as I may so call it, of Norton, Owen and Page, to be followed by the surgery as we now see it in the skilful and never-resting hands of the surgeons of 1906. And as they in their turn move on, may they leave it better than they found it for those who are to follow them.

Of Medicine it has been said sometimes that while Surgery has been advancing, Medicine has almost stood still. A superficial observation; do not believe it. True, its achievements have been less dazzling, less marvellous, less unexpected than have been those of surgery, but real progress has been unquestionably not less remarkable. Think for a moment of the advances in the knowledge and treatment of nervous diseases, the investigation of which has been the work of many men in many lands, amongst whom the name of Broadbent as that of a neurologist will ever be remembered.

I recall to mind how Hughlings-Jackson spoke of the philosophical insight and profound thought which led Broadbent as long ago as 1866 to write on Sensor-motor Ganglia and Association of nerve nuclei therein propounding the theory which came to be known by his name; and I remember how, when I was H.P. at the London, Hughlings-Jackson invited Broadbent to go round the wards with him, and shewed him Optic Neuritis and other strange new things—the first time I set eyes on my future colleague. Think also of all that has been done in the domain of preventive medicine, so that of the physician it may almost be said that he has less to do with the treatment of established disease than with the prevention of it. And who can doubt that this is largely due to the advance of physiological investigation and inquiry, of physiological chemistry and bio-chemistry, sciences almost unknown when I became a student? The germ theory is responsible, surely, for as great progress in medicine as in surgery—to wit, in our knowledge of fever and its consequences, and of the causation of a whole host of microbic diseases. . . . . And on the basis of a real pathology, which tells something of the causes of disease, comes daily increase in the power of combating and overcoming them. Think, too, of serum-therapy and all that the term includes. Why, mere surgery is nowhere! And here we at Mary's have again every reason for pride and satisfaction in that from this place, and by the work of the distinguished man in charge of the cumbrously - designated "Therapeutic Inoculation Department," there are daily increments to our understanding of disease, and heightened potentialities in the treatment of it. Gifted with the capacity of taking infinite pains, and with the still rarer gift of scientific imagination, who shall say that Wright is not a genius? . . . . . Medicine has, in a word, like surgery, become less empirical and more scientific, and therein are to be found the promise and potency of future work and progress.

I pass from these engrossing topics, of which I feel that the fringe only has been touched, to say something of our school. And here in the first place I would note that it has kept pace with the times, and, in the parlance of the day, is thoroughly up-to-date. Great have been its vicissitudes since the speaker came here. Although nurtured in the East, I knew something of the small school called Mary's, in the West, for amongst the students of the time was one of my oldest friends. I do Mary's no injustice when I say that it was small, but I should err grievously were I to finish the verse and say that it was of no reputation, for Alderson, Chambers, Sibson and Handfield-Jones, the Lanes and Coulson, Mivart, Murchison, Bastian and Burdon-Sanderson had already associated its name with excellent work, though it was the youngest of the schools. You all know how Mary's was a sort of offshoot from St. George's, and it is of singular interest to myself to know that when the choice was being made of the first staff, Sir B. Brodie recommended my father, then established in Carlisle, for one of the posts of Assistant Surgeon. He actually came up to London to make inquiry about it, but finding that the work which would fall to his lot would be entirely amongst out-patients, resolved to stay where he was. Strange, was it not, that his son should have come here? But it shows you what manner of man he was, and what was then thought of him that he should have been picked out by the foremost London surgeon of the day for nomination to the staff of the new hospital in Paddington.

To come back to Mary's, how marvellous have been the changes in the past thirty years. Not in size only, but in influence and position amongst the medical schools of the country. And this, I have no doubt, is due to all the constituent elements of the body—Staff, Lecturers, and Students. Shepherd was Dean when I first came here. An Oxford man, *ad unguem*, he worked hard for the good of the School, and strove to implant in Mary's something of the spirit and the culture of his own University: and if towards the end of ten years' service he somewhat outlived his reputation, he laid, at any rate, the foundation on which his successor was able to build. Field it was who aroused in the School that spirit of 'enthusiasm of being' which has never been quenched. Everlasting honour be to him and his work. Of course there were mistakes, of course there was much that the light of experience tells us might have been better, but in the long run his efforts were crowned with a unique success, so that Mary's is what we see it now.

We had for a few years a phenomenal increase in our numbers, became one of the largest schools, and rode for a time on the crest of the wave of assured prosperity. Mary's seemed to carry everything before it—in honours in the schools, in honours in athletics—and if for the moment there has been a decline, this has been due to extraneous causes rather than to fault of our own, for never has there been a time when Mary's has done better work than now. The tone of the whole place, I do not hesitate to say, is better than it was. There are fewer loafers and chronics; there are more public school men; Oxford and Cambridge are more in evidence, there is a heightened sense of the responsibilities of our calling, and a more strenuous endeavour to become fitted for it. *Esprit de corps* is real, and as an assemblage of workers we are ashamed of no comparisons, and can hold our own beside any of the Colleges of the old Universities. From among the large number of men who have worked with me in various appointments I have made many friendships, which I value more than life itself. Many good men, colleagues as well as students, have dropped out on the way and their ranks have been filled. Some have paid the debt of nature after busy life and work; many, alas! have departed in the

heyday of youth; not a few brave men have fallen in the service of their country. *Requiescant in pace.* Their memories abide.

As I remarked on a previous occasion (valedictory address) I was singularly happy in my house-surgeons. Many of them have earned distinction in surgery both in London and the provinces, and it has been no small gratification to me that as many as eight of them have taken the F.R.C.S. The number of Mary's men who nowadays take the higher qualifications is remarkable in comparison with former years, the best evidence that quality rather than mere quantity is estimated by all. Even more striking, and not less gratifying, are the altered relations between the Hospital and the School. In the early seventies I do not think it is far wrong to say that the hospital looked on the school as a somewhat useless encumbrance and the young men about the wards as a nuisance to be tolerated. Doubtless this was due in large measure to the then constitution of the Board of Management. There was no settled continuity in its affairs. Being open to all the governors, one meeting might readily undo the work of a previous meeting, composed as it might have been of a totally different set of men. There were many petty feuds—some contemptible, some amusing—much bickering, endless wordy wars, and little real business. As soon as I had been elected to the Staff I qualified as a governor, and began forthwith to attend the meetings, holding very strongly that members of the Staff ought to take a part and interest in the management of the Hospital. Needless to say that my attendance at the B.O.M. met with a good deal of banter from colleagues, but before long others followed my example. I think some of them came there to see what I was after. It was chiefly due to the Staff that in process of time the open board was abolished and in its place was established a board of defined numbers, with a certain proportion of the Staff, elected by colleagues, having seats upon it. From that time the relations between hospital and school have steadily improved, and, as we all know, some of the warmest supporters of the school are to be found on the B.O.M. This is as it should be, if both Hospital and School are to fulfil their inseparable destiny. These bettered relations have not been the work of a day, but have been brought about by a slow and tedious process of education. Those who have not experienced it would hardly believe the amount of prejudice there is in the lay mind against all things medical, and how difficult it has been to make those in authority see and appreciate how largely every member of the community is affected, for better or for worse, by the work of our medical schools and the experience gained in our hospital wards. One would think, or one used to think, that in the minds of all, the be-all and end-all of hospital work was the relief of the sick poor. Not a thought seemed to be given to the hospitals as places of training for our future doctors, who carry their knowledge and experience into remotest parts of the country for the good of all. Happily, things are better than they were. The public take a livelier interest in the education of the medical student, and hold him in higher esteem. Were the general ignorance of the laity less than it is, things would surely be better still; and good service to all would be done were those of us who have the opportunity to give systematic instruction on the structure and function of the several parts of the human body. How marvellously little is known of such things! If more were known about them, the difficulties which beset the treatment of disease would be better understood, the needs of medical education would be better appreciated, and the resort to quacks and nostrums would certainly be curtailed, and money would flow more abundantly for our hospitals and schools. The Clarence Wing would surely not be so long unoccupied, for the public would regard it as a duty to maintain the full usefulness of the Hospital for the good of all.

Mr. Page went on to speak of the University of London, reviewing its evolution from a mere examining body to the position it has reached to-day, and expressed the hope that it would come to be "regarded as an Imperial University in an altogether new and fuller sense," and said he would like to see every medical student in London an undergraduate of the University, a sentiment in which he will be heartily backed up by many of the readers of this address. He also advocated the addition of another year to the curriculum for the fuller mastering of clinical work, a course already adopted by the University of Cambridge, which now demands three years' clinical study before entrance for the final examinations. "The fact is," he said, "that six years are wanted, not four or five only, and then there is enough and more than enough for a man to compass in the time."

The general consensus of opinion is rapidly coming to agree with Mr. Page's opinions in this all-important matter, and only last year, at the opening meeting of the Winter Session, Dr. Harris laid great stress on the importance of adopting such a course. Dr. Alcock, too, at this session's opening meeting, strongly advocated the addition of another year to the existing curriculum. We are sorry to be unable to reproduce Mr. Page's account of the progress of the University of London *in toto*, but there is a limit to the space available in the GAZETTE, and we feel that this is perhaps the least interesting part of his delightful and instructive paper, to the ordinary run of past and present Mary's men, and therefore leave it out in preference to other portions, which appeal to us more closely, dealing as they do with intimacies. Mr. Page concluded:—If I may now gather into a few words all that I have said, there has been advancement and progress everywhere. The past is parent of the present, the present begets the future. Grand work has been seen in the past, grander work is being done now; the future, who can doubt, will see yet greater achievements. And in it Mary's will play her part. Let me not forget the work of this society. Many years have gone by since I occupied the president's chair, and had the rare distinction and honour of being elected to a second term of office. I look back upon it with both pride and pleasure, and still more to the profit and experience gained in my association with it. The work which has been done here has

been of no mean order, and has not been spoiled by the originality and freshness of youth. Its work compares favourably with that of any of the older societies, where you may hear a good deal that is old dished up again as new; and it has this advantage, that it is entirely free from self-seeking, and the dangers and temptations of advertisement find no place in it. Long may it flourish and continue, and may those who take part in its deliberations find here the stimulus for investigation, for thinking out the problems of disease, so that with increase of knowledge may come increase of wisdom, which is a Tree of Life to them that lay hold upon her, and happy is everyone that retaineth her. I am not here to utter platitudes on the nobility of our calling. Were it not noble, were it not animated by the spirit of enquiry, the spirit of Hunter and Harvey, who could face it and endure the many hardships which are inseparable from it? I would rather have you draw inspiration from the lives of the great men who have belonged to us, men not unworthy to be ranked with the greatest in other spheres of life, of such men as Hunter, Harvey and Sydenham, Laennec, Trousseau, Charcot, Virchow, Pasteur, Claude-Bernard, Lister and many others in many lands. To follow in their footsteps, however humbly and at however remote an interval, is indeed an honour, and, haply, there may come to you some share of their imperishable renown.

Notes on a Case of Hæmatometra and Hæmatokolpos, with absence of the lower part of the Vagina.

On June 21st of this year I was called in to see a girl of 16 years of age, complaining of severe pain in the lower part of the body. The patient was a well-developed girl, but had never menstruated. The history was that she had been quite well until two months previously, when she had had a severe attack of abdominal pain, lasting a few days, but passing off again, and leaving her quite well. Again, a month later she had a similar attack, which lasted a little longer, and she was again quite well until the present attack came on in a much more severe form.

On examination her pulse was found regular 88 per min. and the temperature normal. A large abdominal swelling, springing from the pelvis and reaching to the umbilicus, was found. The swelling was very tender on pressure and dull on percussion. Per rectum, the swelling could be made out limannally, and appeared to fill up the pelvis and to contain fluid. The pain was so severe I had to give her an injection of morphia. I suggested to the parents that I thought a consultation was advisable, accordingly, I asked Mr. Althorp to see the case with me, which he did on June 24th. He examined her very carefully under chloroform, and came to the conclusion that the condition was one of retained menses. On June 25th, she was admitted to the Bradford Royal Infirmary, under the care of Mr. Althorp.

On June 27th, under ether, the bladder was found to be distended, and 30 ounces of urine drawn off by catheter, although patient was stated to have emptied her bladder before coming into the theatre. The lower part of the vagina was now found to be absent. With the assistance of a sound in the bladder, the perineum was incised and the wound cautiously deepened until the abdominal swelling was reached. This required a dissection 1½ inches in depth. The swelling was then punctured with sharp scissors, and the opening dilated. A large quantity of thick dark coloured material came away. On introducing a finger, the abdominal tumour was found to consist of—

(i) A large smooth-lined cavity (Vagina.)

(ii) To the left of the dilated vaginal vault was a dilated cervise which admitted two fingers. The cervise led into a dilated uterine cavity. The left ovary and tube could be felt prolapsed in Douglas's pouch. A large drainage tube was passed into the vagina, and stitched to the skin. The after history was favourable. For a month the discharge came away freely, the abdominal tumour disappeared, and patient went home on August 18th, wearing a short glass drainage tube in the vagina.

She was seen on September 30th, still wearing the drainage tube, but she has not menstruated since the operation.

I must thank Mr. Althorp, Hon. Surgeon to the Bradford Royal Infirmary, and Mr. Logan, House Surgeon to the same Institution for having so kindly given me the use of these Notes.

J. T. CROWE, L.S.A.(Lond.),
Resident Assistant Anæsthetist,
St. Mary's Hospital,
London, W.

Students' Club.

The Annual General Meeting was held on October 19th, Mr. Lane (the President) being in the chair. Dr. Willcox, Dr. Alcock, and about 100 Students being present. The minutes were read and confirmed. Dr. Willcox read a letter from the University of London Students' Representative Council. It was discovered that St. Mary's was merely unofficially represented. Dr. Willcox proposed that the question of official representation should be referred to a Sub-Committee. This was seconded by Mr. Barker and carried unanimously.

Changes in the constitution of the Club were then discussed; the tendency of feeling however was towards Conservatism. Mr. Lane was re-elected President, and Mr. Low Treasurer. The following Students were elected members of the Committee for the ensuing year:—Messrs. Kettle, Lees, Fergusson, and Finlaison.

The meeting then adjourned to the less arduous forms of toil in the out-patient rooms and laboratories, while the recently elected officers retired into committee. At the committee meeting which followed, J. M. Harrison was elected in addition to serve on the Committee, and K. A. Lees was elected Secretary. The Committee bound itself over to the strenuous life.

Nursing Notes.

PRESENTATION TO MISS MEDILL.

Napoleon said that every private carried the baton of a field-marshal in his knapsack, and it must be an inspiration for the nurses at St. Mary's Hospital to remember that the chairman, Mr. J. Mellor, at the presentation to the retiring matron, Miss Medill, said that every nurse present carried in her hat-box the cap of a matron. The meeting was held to do honour to a lady who for twenty-one years has fulfilled the duties of an onerous office with dignity, tact, warm sympathy, and undeviating firmness in matters of discipline. Miss Medill has always worked in perfect harmony with the other officials in the domestic arrangements of the hospital. The Board of Management have found her most loyal to them. It is therefore a regret to all that she decided to retire. Of the fund subscribed for the presentation, the nurses and sisters, past and present, contributed a very large proportion, and this perfectly unsolicited testimonial of their esteem was most gratifying. Miss Medill, said Mr. Mellor, carried away with her the approbation and respect of the Board and the hospital staff, and they hoped she would long be spared to works of charity and usefulness.

Captain Webbe, as the oldest member of the House Finance Committee, had the privilege of making the presentation. His connection with the hospital had been almost contemporaneous with hers. Twenty-one years was a large part of a person's life, but Miss Medill would have a legitimate cause for satisfaction in looking back on her share of the work in making St. Mary's what it now was; but her absolute loyalty, great tact, complete patience, and willing self-sacrifice had helped her to success. When she came there were 244 beds, with a nursing staff of forty-nine; now there were 279 beds, with a staff of 111. Miss Medill had so often pleaded for more rest and recreation for her nurses, and she had never asked anything for herself. She had initiated all reforms and improved their conditions of work by getting for them more time off and more holidays and better diet. She was also leaving them better housed—as well housed as in any hospital in London. Miss Colborne's departure has also been a great loss to the hospital, and the Board of Management would take this opportunity of expressing their high appreciation of what she, as office sister and matron's right hand, had done for the hospital. He would ask Miss Medill to accept a solid silver bowl and a gold chain purse containing £281. He hoped these would recall to her memory the many years spent in hospital, and that she would long be spared to enjoy her rest, which he was sure would not be spent in useless inactivity, but in works of kindness.

Mr. Byron then presented two albums, one containing the photographs of the sisters and nurses past and present who had been under Miss Medill, and the other containing their autographs. They would recall to her mind the many who owed their training and success to her, and embody and represent the esteem and gratitude of the sisters and nurses, which she had gained by her firmness and fairness.

Miss Medill said she had never wished so much before for the tongue of a ready speaker. She could not lay claim to all that had been so kindly said of her work. After all she had only tried to do her duty. She felt to the very heart all the kind and friendly feeling that was involved in the presentation. To the Board, who had always been so kind and generous, to the Committee, to the members of the staff, who had always been kind and considerate to her, to her good colleagues, and to her dear, dear nurses, and to all her many kind friends she wished to render all the gratitude she possessed. She trusted that they would all go on working for many years, doing good work in different ways; and, as they were all journeying towards the great goal, she would not speak of separation, but would say "Adieu."

When the applause which followed the conclusion of Miss Medill's speech terminated, she made a tour of the crowded room in order to thank everyone individually for their share in her presentation.

The massive "Cashel" bowl is of solid silver, bearing the following inscription:—"Presented, with a Purse of Gold, to Miss E. M. Medill by Past and Present Nurses and Members of the Board and Medical Staff on her retirement from the post of Matron of St. Mary's Hospital, October 1906." The two albums, handsomely bound, bear a monogram. The cheque was for £280.

Present:—Mr. J. R. Mellor (in the chair, in the absence of Mr. Harben); Mr. G. A. Byron; Dr. Felce; Maj.-Gen. Shaw-Stewart; Capt. Webbe; Messrs. M. P. Christie and W. Austen Leigh; Col. W. C. Phillpotts; Mr. Parker Young; Drs. Rendel, Willcox, Caley, Lees, Luff and Phillips; Messrs. Ernest Lane, A. J. Pepper and V. Warren Low; Lady Edward Spencer Churchill; Mrs. Mellor; Mrs. Byron; Mrs. Luff; Mr. H. E. Allen; Mrs. and Miss Poulton; Mrs. Hay Campbell; Mrs. L. A. Dixon; Misses Wyatt, Wraghorne and A. Hallam; Mrs. and Miss Ryan; Miss Bradford; Mrs. Munroe; Mrs. Harvey; Mrs. Hall; Mrs. Smale; Mrs. Lane; Mrs. Clarke; Mr. Sydney Phillips; Misses Blythe, Fowle, Darrick, Lucas and B. H. Colborne; Mrs. Woodfield; Mrs. Fenwick; Mrs. Forster; Lady Cecilia Webbe; Miss Stevens; Mrs. Dundas; Mrs. Lacey Stevens; Mr. Thomas Ryan; Dr. Bird; Mr. Alex. Hayes; Rev. C. E. T. Whitfield; Mrs. Whitfield.

Nurse Annie Dunbar Malcomson: appointment confirmed as Sister of the Thistlethwayte and Male Operation wards.

Miss Kate Jenner—late Sister Victoria—left in August to take up midwifery.

Nurse Eliza Cruikshank Henderson has been placed in charge of the Victoria, Carlisle, and Boynton wards—as Sister.

Nurse Amy Jane Fooks has been placed in charge of the Albert and Cambridge wards—as Sister.

Nurse Florence Needham, who has been engaged in private nursing, has been appointed Sister in the Queen Alexandra Military Nursing Service for India, and sailed in August for India.

Sister Mary Walker, of the Queen Alexandra Imperial Military Nursing Service, has left Aldershot, and sailed for South Africa in September.

Miss Lilian Henshaw—late Sister Thistlethwayte—has joined the Colonial Nursing Service, and in August sailed for Costa Rica.

St. Mary's Football Clubs.

ASSOCIATION.

v. ST. MARK'S COLLEGE, CHELSEA.

We opened our season on Saturday, October 13th, with a match *v.* St. Mark's College, Chelsea. Result: draw o o. Played on St. Mark's ground at Wormholt Farm, Acton.

The result was not so indifferent as would appear on paper, owing to the fact that this was our first appearance and that our opponents had already played several matches.

Our opponents' defence was decidedly good, and their forwards, though well together, were weak in front of goal; when their shots did go straight they were cleverly frustrated by Hamilton, who proved himself a veritable tower of defence between the posts. Our own side acquitted themselves well on the whole in this their first game together, the backs especially doing good work. A. C. Martyn showed great promise, clearing brilliantly on two occasions when our goal was in imminent danger. Our forwards seemed to find their feet in the second half, getting better together, and made one particularly pretty run up the field, the ball travelling right across from left wing to right with unerring precision, but unfortunately failing to reach the centre again, and a good opportunity of scoring was thus lost.

We may conclude our account of the first match by prognosticating that if only present keenness is kept up we shall evolve into a very creditable side, and should have an excellent chance of reaching the final tie for the Inter-Hospital Cup.

v. R.M.C., SANDHURST.

On Saturday, October 20th, we visited Sandhurst, intent on struggling to the death for victory against our warlike opponents the R.M.C. Cadets. Rugby and hockey matches were being contested simultaneously on their beautiful grounds, and the band discoursed stirring music as we took the field and throughout the afternoon. Winning the toss, our captain elected to play up-hill and attack the Rugby-ground end. Play started fast and furious, raging uncomfortably near our own goal in the opening exchanges. However, our defence proved fairly sound, and the efforts of the R.M.C. clever forwards were time and again frustrated, Willis at centre-half doing the work of at least two ordinary men. Two goals were scored against us in the first half, one of them owing to an unfortunate exhibition of muddling, and both utterly impossible of defeat on the part of any goalkeeper, neither of them being clean, open shots. The good work of our two sturdy backs was particularly noticeable during the first half, for though Martyn started by being somewhat erratic, he improved as the game matured, and played a sterling game, always, with laudable determination, going straight for his man. Hirsch brought off some good turning kicks, and gives every promise of proving an extremely useful addition to our side. One or two clever runs, ending with neat centres on the part of our captain at outside left, were especially noticeable. Bevis, whilst swinging round on his left foot to save the ball from touch with his right, had the misfortune to strain his left ankle rather severely, five minutes before the conclusion of the first half, and had to leave the field, thus handicapping his side in no small degree, not merely by reason of the loss of a unit, but also by reason of the moral effect which loss of a skipper necessarily produces on his subordinates. We entered on the second half with mixed anticipations. True, our captain was disabled; but were we not playing down-hill—no longer an up-hill game, except as regards our loss—and, moreover, by this time accustomed to the ground and the tactics of the opposition? Time after time Bevis's loss was sorely felt, when a pass out to the left wing might have carried the ball down the field with moral certainty of unerring return to the centre in front of the R.M.C. goal. On one occasion a good shot by Wickham was baffled by the Sandhurst goalkeeper, only to be returned a moment later with great vigour by Taylor, finding sure lodgment in the retial recesses. Taylor worked hard throughout, and several times did sound work by coming back to relieve pressure when the halves were hard put to it. A third goal was scored for the R.M.C. by a good shot from their inside right, and the game ended with the score at 3—1 in favour of Sandhurst, a well-merited victory after a splendid game. The R.M.C. have hitherto suffered only one defeat, *v.* a strong team of Casuals; this consoled in great measure our somewhat wounded feelings.

v. ROYAL VETERINARY COLLEGE.

Played on home ground at Wormwood Scrubbs. Result: draw 1—1. The R.V.C. won the toss and elected to defend the railway-end goal, playing down-hill with the wind. Bevis was absent owing to his sprained ankle, and we were also minus the services of Wickham at centre-forward. We learned that our antagonists had beaten the London Hospital, and consequently anticipated a tough game. The first goal was scored by our visitors in a melée following a penalty goal, awarded for a bad "hands" in the mouth of goal. The penalty kick went straight for Hamilton and was dealt with by him with characteristic coolness, but in the scrummage which supervened our opponents found the net. Binns showed good form in Bevis's place at outside left, and scored our one and only goal by a well-judged crossing shot into the far corner of the net. There was great lack of combination on the part of the opposing forwards, their centre indulging in kick and run tactics, which gave greatest satisfaction to our own backs, and were worse than useless from our visitors' point of view. The ultimate score of 1—1 was perhaps less than we deserved on the day's play.

v. EMERITI.

Played at Wormwood Scrubbs on October 27th. Result: 4—0 in Mary's favour. H. H. Taylor officiated as captain in Bevis's absence, and, winning the toss, decided to defend the railway-end goal and play down the slope. Our forwards showed decidedly better form, and their combination was the best we have yet seen.

Our first goal resulted from a clever run through and pretty shot by V. G. Hobbs, and from the next kick off Hobbs got possession again, and running straight through once more netted neatly. The third goal was scored by Binns, who met a good centre from Matthews on the travel and put in a well-judged shot. Our forwards went away well from the kick off at the commencement of the second half, some neat unbaffled passing ending by a third goal being scored by Hobbs. The last-mentioned player made his first appearance for us in this match, and thoroughly justified his inclusion in the team. Matthews later on got an open opportunity, but sent the ball wide over the crossbar, through failing to get sufficiently over the ball. The combination of the opposing forwards was exceedingly poor, though two or three of them showed signs individually of having had considerable experience of the game. Their halves tackled well, but passed wildly in the air. Our own halves have much to learn as regards passing along the ground, so as to allow the forwards better chance of taking the ball and getting away quickly. Our forwards, too, must learn to place themselves in suitable positions for such passes, in order that as far as possible there may be no bar to their reception of ground passes from the halves. We have much yet to learn in this respect. This was our first win of the season, and there can be no two opinions as to its being well deserved.

Probable team for Inter-Hospital Ties:—A. Hamilton, goal; A. L. S. Hirsch and A. C. Martyn, backs; V. C. Martyn, C. E. Redman and G. H. Drew, halves; A. J. Matthews, H. H. Taylor, F. St. Barbe-Wickham, V. G. Hobbs and A. W. Bevis, forwards.

Hayes should stand a chance of a place in the team, but hitherto has been unable to turn out. It is, however, difficult to know whom he should replace. Archer is, unfortnnately, somewhat handicapped by impaired sight, and has consequently not been showing his good form of former years.

RUGBY.

ROYAL MILITARY COLLEGE, 16 pts.
ST. MARY'S, 6 pts.

The Hospital took a weak side to Sandhurst for the first match of the season, and the result was really quite creditable to a very scratch crew. The R.M.C. were already fit, while most of our forwards had had enough long before half-time.

ST. MARY'S, 11 pts. OLD DUNSTONIANS, 10 pts.

Quite a number of old Rugger men turned up at Wormwood Scrubbs to see what sort of a side the Hospital will have in January. The game was fast enough for most people. In the first half our forwards took matters easily, and with a very smart lot of outsides against us we were 8 points behind well on in the second half. Then the scrum decided that it could last the rest of the game, and let itself go. Going great guns forward we won on the post, the whistle for no side going immediately Galpin kicked the winning goal.

ST. MARY'S, 6 pts. ROYAL NAVAL COLLEGE, 3 pts.

With Louwrens at Richmond helping Middlesex against the South Africans, and various others away, we hardly expected to win. But the forwards were all over the College scrum. Always clever and energetic in the open, this season's scrums are equally bad in the tight packs. But for once the task came out to May nearly every time we had our heads down. Lees was very noticeable in the open, using his weight and dribbling at full speed. Hopkins, in the second half especially, was always on the ball. The result once again points to the value of fast forwards who keep on the ball in the open, and knock the opposing backs off their game. With the present dearth of three-quarters the forwards will have ample opportunity of testing this.

ST. MARY'S, 44 pts. EALING, 0.

Ealing turned up short-handed, and the game developed into a farce with all the forwards winging. Much of the passing and repassing and dribbling amongst the forwards was very pretty, but the packing and general scrum work was most unsatisfactory.

STREATHAM, 17 pts. ST. MARY'S, 11 pts.

Streatham had managed to prevent their line being crossed up to date. In the first half we had most of the game, and led at half-time. Unfortunately, Taylor was crocked early on and had to go off. Wilson came out of the scrum. The second half was chiefly remarkable for the magnificent play of the remaining seven forwards. With nothing to hope for from their outsides, they adopted cup-tie tactics with great success. The Streatham backs didn't at all relish the vigorous measures, and though playing a wing forward seven got going. The forwards gave no quarter and asked for none. It was a case of loose rushes with feet flying, of downing the man quickly and then encouraging him to play the ball. The best forward game we have seen Mary's play for some years. Taylor's loss will be greatly felt. He was in great form, and our only reliable three-quarter. Willis played an excellent game, and should be very useful later on.

ROYAL MILITARY ACADEMY, 5 pts.
ST. MARY'S, 3 pts.

A forward scramble in the mud. The packing was worse than it has been this season, while the heavy going rather neutralised the pace of the forwards. The R.M.A. kicked a goal off their try and we didn't, and that about sums up the game. May was our best outside. He went down to every rush and played an extremely plucky defensive game, and the day and ground were all against heroic deeds.

Letters.

The following letter will be of interest to our readers :—

P. & O. SS. A.B.,
SHANGHAI,
Sept. 21st., 1906.

Dear Dr. B ——,

It has occurred to me that you might like to hear how I am faring in "furren parts." The ship I am on is very comfortable, and so big and heavily laden, that she rolls very little except in very heavy weather. There are no passengers, but she is full up with cargo for various parts of the world. The officers are all good sorts, and except for the monotony I put in a very good time. Coming out, we put in first at Malta, and then Port Said and Aden ; and I did those places pretty thoroughly, generally by myself, as the officers are working cargo always and are not interested as I am in seeing these ports of call. We had a long and rather dreary run to Penang, falling in with a heavy S.W. Monsoon, which we had expected would have taken off. Then for the first time I missed a meal or so. The ship was wet through, as for two days she shipped heavy seas. We came into Penang in the early morning, and when I looked out of my port the town showed up intensely white in a violet light, looking like a Gaiety scene. I found on going on deck the violet light was due to the most wonderful sunrise I have ever seen, and the sun was shining on the town, causing it to show up white against a background of trees. I got up, and hiring a rickshaw, drove to the waterfall, which is the show place there. I went over the hospital later. At Singapore the weather was too hot, in fact the heat all the way has been blistering, especially noticeable on the A.B., as she is all iron. At Singapore I brought an introduction to the Chief at the Hospital, and he very kindly put me up while I was there, and introduced me all round. Their house is beautifully situated, and more comfortable than the ship. I found the other H.S. was an old schoolfellow of mine, and I knew him at once. Three days in Singapore was quite enough. I have little to do on board in the way of business. I have discovered three guinea worms. One I tried to unwind in the orthodox way, the other two I injected with Liq. Hyd. Perchlor, and they all cleared up. At Penang, I had a crushed thumb, and just as we were getting out of harbour amputated it, the fourth mate helping with the chloroform, and the chief engineer holding the patient down. I was handicapped in every way, no room to work in, no hot water, no sponges, and everyone paralysed. The sweat which kept running into my eyes also put me off. Although there was dirt and engine grease in the wound, it healed absolutely by first intention. Yesterday I operated on an inflamed pile in one of the officers, and up to the time of going to press he is greatly relieved. We came up to Hong Kong in blazing heat, and this being the worst month for them, the skipper was afraid of a typhoon, but the weather was perfect. I went up to the Peak on the Sunday we came in, and looking down on the harbour from a height of 1,800 feet, and seeing hundreds of vessels, from junks to men of war, on a vivid blue sea, was in some ways the most wonderful sight I have ever seen. On Tuesday, Sept. 18th, in the morning about 8 o'clock, the wind got up and word went round that a typhoon was 100 miles to the S.E. I stood on the lee side of the hurricane deck and watched all the hundreds of junks, busy, getting things in order. Nobody I think realised what a horrible catastrophe was coming on. In half-an-hour the typhoon was on us. All the lighters foundered, practically all the junks went down, carrying their crews and families down with them. Great steamers were dashed ashore, and three piers near us were washed away. By the greatest luck the pier we were moored too was on the lee side, and so we did not carry away. Two rafts came by us, and we rescued 10 men, one Englishman, but the others, including two whites, a skipper and first engineer, went down before our eyes. Were I to go on you would think I was exaggerating, which, as a matter of fact, is impossible. Please God I shall never see such another sight. Hoping you are well and have had a good summer holiday, and are not bored by this long letter,

I am, yours sincerely,
A—— F——.

A Justifiable Complaint (?)

Many are the stories that are told of disorderly and dissatisfied patients. Here is another :—

"He had undoubtedly inherited the spirit and dash of the Toreador, and this may have led to him accepting His Majesty's invitation for a country house visit, but that was past history.

He was admitted to hospital one morning suffering from that periorbital discolouration which is apt to arise as the result of an admonitory *coup de pied*.

A few hours within the walls were sufficient to lead him to draw comparisons with his last 'hospital,' which were not unprejudicial to St. Mary's.

During his brief stay he achieved three feats, the accomplishment of any one of which is a sufficient claim for an immortal name. He was rude to every nurse who came within earshot, he shocked the cab-drivers in the same ward by his words, and he ended by devouring the sister's dinner.

He left the next day at his own request, declaring that the food was intolerable!"

NOTE.

As we go to press, we regret to hear of the death of Mr. H. Howard Hayward, our late Consulting Dental Surgeon.

Mr. Howard Hayward was Surgeon Dentist to the Hospital from 1867 to 1891.

Appointments.

BENNETT, F. C. H., L.R.C.P., M.R.C.S., House Physician to Dr. Sidney Phillips.

COLEBROOK, L., M.B., B.S.Lond., House Surgeon to Mr. Pepper.

COPE, V. Z., M.B., B.S.Lond., Junior Obstetric Officer to the Hospital.

CUNNINGHAM, H. H. B., M.D.Brux., F.R.C.S.I., L.R.C.P., M.R.C.S., Ophthalmic Surgeon to the Ulster Hospital for Women and Children, Belfast.

NIXON, J. H., M.B., B.S.Lond., Senior House Surgeon to the Royal Berks Hospital, Reading.

RICKMAN, H. G., L.R.C.P., M.R.C.S., House Surgeon to Mr. Lane.

ROUS, J. BART, M.B., B.S.Lond., L.R.C.P., M.R.C.S., Resident Medical Officer to the Hampstead General Hospital, Haverstock Hill, N.W.

WALL, J. BLIGH, L.R.C.P., M.R.C.S., L.S.A., Anæsthetist to the Miller Hospital and Royal Kent Dispensary.

Change of Address.

GIBBINS, K. M., L.R.C.P., M.R.C.S., 1, Woodbury Park Gardens, Tunbridge Wells.

MITCHELL, W. S., L.R.C.P., M.R.C.S., 17, Kildare Gardens, Bayswater, W.

Pass Lists.

UNIVERSITY OF CAMBRIDGE.

DEGREE OF M.D.

S. E. Dore, M.B., B.C.

CONJOINT BOARD.

FIRST EXAMINATION.—Part IV.

Practical Pharmacy.—F. Basford, H. J. Duske, F. W. Quirk, A. H. L. Thomas.

SECOND EXAMINATION.

Anatomy and Physiology.—F. M. Harvey, J. J. Pierce, D. D. Rosewarne.

FINAL EXAMINATION.

Midwifery.—J. G. Da Cunha, K. A. Lees, R. A. Jones.

Surgery.—J. E. M. Boyd, A. G. Cole, A. E. G. Fraser, T. J. Jenkins, W. S. Mitchell, H. S. Ollerhead.

Medicine.—E. A. W. Alleyne, E. Balthasar, Q. S. Keat, J. J. Louwrens, C. N. Slaney, H. H. Taylor, J. Winder.

L.R.C.P., M.R.C.S.—E. Balthasar, J. E. M. Boyd, A. G. Cole, T. J. Jenkins, W. S. Mitchell, C. N. Slaney.

ROYAL COLLEGE OF PHYSICIANS.

W. Haig Brodie, M.D.Edin., F.R.C.S., D.P.H., has been admitted as a Member of the College.

SOCIETY OF APOTHECARIES.

Medicine, (Sections I. and II.)—F. A. K. Stuart.

The Services.

ROYAL NAVY MEDICAL SERVICE.

Staff-Surgeon S. H. Facey, L.R.C.P., M.R.C.S., has been appointed to the Portland Hospital. (Nov. 6th.)

ROYAL ARMY MEDICAL CORPS.

CHANGE OF STATION.

Lieut.-Col. S. G. Allen, L.R.C.P., M.R.C.S., D.P.H., from Ambala to Kalabagh.

Captain B. F. Wingate, L.R.C.P., M.R.C.S., from Kingston to Canterbury.

Captain R. L. Argles, L.S.A., from Newcastle to Northern Command, India.

Captain P. S. Lelean, F.R.C.S., from Parkhurst to Eastern Command, India.

Lieut. E. G. Anthonisz, L.R.C.P., M.R.C.S., from Aldershot to India.

ARMY MEDICAL RESERVE OF OFFICERS.

Surgeon-Lieut. R. A. Draper, L.R.C.P., M.R.C.S., is promoted to Surgeon-Captain.

Announcements.

BIRTHS.

LEES.—On October 10th, at 39, Lavington Road, W. Ealing, the wife of C. A. Lees, L.R.C.P., M.R.C.S., of a son.

MADDEN.—On October 5th, at Cairo, Egypt, the wife of Frank Cole Madden, F.R.C.S., of a son.

NATHAN.—On September 9th, at the Premier Mine, South Africa, the wife of E. A. Nathan, M.D., B.S. Lond., of a son.

SWORDER.—On October 15th, at "Aldenham," Clifton Road, Folkestone, the wife of E. G. Sworder, M.B., B.C.Camb., L.R.C.P., M.R.C.S., of a daughter.

SUMNER.—On October 17th, at Bannu, North-West Frontier Province, India, the wife of Captain F. W. Sumner, I.M.S., M.B., B.C.Camb., L.R.C.P., M.R.C.S., F.R.C.S.Edin., of a daughter.

MARRIAGES.

JAMES—TWINING.—On October 18th, at the Parish Church, Westbury-on-Trym, C. W. Wanklyn James, L.R.C.P., M.R.C.S., to Vivien, second daughter of L. Twining, Esq., of Redland Green, Bristol.

THOMSON—BORDELAIS.—On November 14th, at Christ Church, Lancaster Gate, London, Louis L. Thomson, L.R.C.P., M.R.C.S., only son of William Thomson, Esq., of Laburnum Cottage, Kensington Palace, to Jane Mary, second daughter of Captain Ernest Bordelais, of Nantes, France.

PIPER—DOWNES.—On November 1st, at St. Matthias, Earl's Court, Francis Paris Piper, M.B.Lond., L.R.C.P., M.R.C.S., to Heather Aileen, fourth daughter of the late Commissary-General Downes, C.B., J.P., and of Mrs. Downes.

DEATH.

HAYWARD.—At 16, Blakesley Avenue, Ealing, on October 13th, H. Howard Hayward, M.R.C.S., L.D.S.

HILL.—At Fenstanton, Streatham, in October, James Robert Hill, L.R.C.P., M.R.C.S., aged 62.

St. Mary's Hospital Gazette.

CONTENTS.

Vol. XII.—No. 10. **DECEMBER, 1906.** **Price 6d.**

Notes.

We understand that the Residents, encouraged by their conspicuous success last year in their presentation of the "New Boy," have this year chosen Pinero's "The Magistrate."

With this number we publish the Index for the current volume. We would remind our readers that inexpensive binding cases can be obtained from our printers, Messrs. Morton & Burt, of Edgware Road.

We also wish to remind readers that subscriptions for the ensuing year will fall due next month, and shall be much obliged if they will send them to Mr. Ryan, the Financial Manager. May we again take this opportunity to ask for early notifications of change of address, appointments, marriages, &c., from old St. Mary's men, as the utility of THE GAZETTE is greatly curtailed when these do not meet us.

Christmas is once more upon us, and already the event is heralded by many of the usual signs and symptoms. There will be music and singing in the Wards on the 25th and 26th, whilst the Christmas Tree will be held on the 27th inst.

The other day one of our junior surgeons discovered a nematode in the appendix vermiformis. A suitable place to find one, we think.

There should be special support to the Porters' Christmas Box Fund this year, since so many are being struck down by sickness. A Tænia Solium has seized upon organs of one, whilst chicken-pox has stricken another.

As we wander round the corridors various declamatory passages reach our ears from the different rooms. We were rather startled the other day when we heard someone crowing at the top of his voice, "I pity you, sir, I pity you!" Perhaps this will be fully explained when the play is acted on January 2nd and 3rd.

There seems a remarkable amount of confetti about the hospital at present.

We heartily congratulate Dr. Willcox on his appointment as Assistant Physician to the Staff of the Great Northern Hospital.

Also Mr. Miller, our late Editor, on his election to the post of Medical Registrar to Great Ormond Street Hospital, where he succeeds Dr. Langmead. We hear there was keen competition, and feel all the more glad that the honour of St. Mary's is being so worthily upheld in this quarter.

Mr. C. A. Pannett, at the recent Examination for the M.B., B.S., London, was bracketed for the Gold Medal and obtained distinctions in Medicine, Surgery and Pathology. We understand that on being congratulated he remarked,—"I might have done better." Modest ambition! We tender him our most hearty congratulations, and wish him all success in his "opsonising."

St. Mary's had the honour to supply two players for the United Hospitals' Match *v.* Dublin University on Wednesday, December 12th. A. W. Bevis at outside left and A. Hamilton in goal. The Match resulted in a win for the United Hospitals by 9 goals —1.

Dermatology and General Medicine.

A Paper read before the Gravesend Medical Society, by E. GRAHAM LITTLE, M.D., F.R.C.P., *Physician to the Skin Department, St. Mary's Hospital.*

GENTLEMEN,

I have chosen as my subject to-night the inter-relations of Dermatology and general medicine, because while giving you some of my own experience, I want largely to profit by yours in turn, in the general discussion which, I understand, is to follow my paper. If I had restricted myself to a merely didactic essay on a special disease, such as my department of study might readily furnish, I think this might well have bored you by its unfamiliarity, and I should not so certainly get a *quid pro quo* from you. I do not, therefore, wish to speak *ex cathedra* in any sense at all, but to give you some impressions which I have formed from my reading and my observation, and I ask you to add to them from the stores of your experience of general medicine.

I shall begin with a group of diseases which have interested me specially, and of which I have had some unusual experience. I refer to the affections of the skin associated with Tuberculosis. These have been widely extended of recent years, and the conception of their analogy with the specific exanthemata, especially with syphilis, is gaining ground. Now many of these eruptions are of early occurrence, before obvious signs of general systemic infection are present, and they thus afford to my mind, some elements of value in diagnosis of doubtful cases of tuberculosis. It may be objected that these eruptions are not common, in proportion to the wide prevalence of tuberculosis, and it must, of course, be conceded that this is true. Yet I am convinced that they are actually commoner than is supposed, and that they are often overlooked. A convenient classification of these tuberculous diseases of the skin is that proposed by me in a paper I contributed to the *Clinical Journal* some years ago; namely, into the bacillary and non-bacillary diseases; the latter group comprising those types in which demonstration of bacilli had not been effected, but in which other considerations strongly supported the view that they were of tuberculous causation. I should not have time to discuss here the grounds for these conclusions, but I will enumerate these diseases, and I have thought it useful to bring with me some pictures illustrating the rarer types of them. The commonest of these tuberculous diseases is undoubtedly Lupus Vulgaris, and its tuberculous nature is proved by the presence of bacilli in the tissues. It is also markedly confirmed by the newer tests proposed and practised by Sir Almroth Wright, who has afforded me many opportunities of testing on my own cases the views he holds. In Lupus Vulgaris it is quite common to get a decreased opsonic reaction which can be raised by injection of tuberculin. This is so interesting a matter that, perhaps, you will tolerate a digression here, and allow me to illustrate its value by an instance. A patient came to St. Mary's with a granulomatous-looking infiltration of the neck which had been diagnosed as Sycosis by a very distinguished dermatologist. His blood was tested for the opsonic reaction with Staplylococcus, obtained from a case of Sycosis, and it proved to be normal. It was then tested for tubercular opsonic power and this was found to be just one-half of the normal. A portion of the skin was now excised and examined by me, and the tubercular architecture, as it is called, was typically present, and moreover, in one section, some bodies, the nature of which was disputed, but which were pronounced by a competent bacteriologist to be tubercle bacilli, were found. The man has come up again repeatedly and has been injected with tuberculin, and his condition has enormously improved.

The frequency with which Lupus Vulgaris is associated with general tuberculosis and phthisis is differently estimated by different observers. Besnier gives this proportion as 25 per cent.; Morris on the other hand finds the association rare. It is probable that phthisis is not infrequently the starting point of other cases of Lupus, as in a child who was under my observation, who had contracted a surface-infection of tubercle from creeping on the floor of a room in which a phthisical patient had been confined for many months.

Lupus erythematosus, though not now generally regarded as a tuberculous disease at all, has some close associations with tuberculosis, for it has been shewn in a large series of cases that 80 per cent. of the cases of acute Lupus erythematosus die with general tuberculosis. In the same disease, moreover, it has recently been shewn that albuminuria is common, about 25 per cent. of the cases having this symptom. The current explanation is that the same toxæmia which produces Lupus erythematosus produces the changes in the secretion of the kidney evidenced by albuminuria.

Of the rarer types of tuberculous diseases of the skin I will consider more especially these two, Lichen scrofulosorum and Acne scrofulosorum, both of them rare forms. In the case of the former the tuberculous nature has been established by the finding of bacilli. Cases usually occur in delicate children often with tuberculous glands or some other form of tuberculosis. I have published examples in association with Lupus Vulgaris three times, and twice in association with presumably tuberculous glands. In the December *Journal of Dermatology*, Dr. Pringle describes a case which he shewed at the Dermatological Society of London, of a double eruption of Lichen scrofulosorum and Acne scrofulosorum in a patient with very much enlarged glands and marked anæmia, but no physical signs of phthis is. The second type of tuberculosis skin disease, Acne scrofulosorum, as it has been called by Fox and Crocker, is probably commoner, at any rate in my experience. I shewed a remarkable series of three such cases seven years ago, and my own impression derived from the many cases that I have now seen is that they are associated with other forms of tuberculous disease in at least three-quarters of the number. Fox found the proportion, in his experience, equivalent to half. I have seen it with Lupus Vulgaris, with tuberculous dactylitis and lymphangitis, with enlarged, obviously tuberculous glands, with phthisis, with the presence of tuberculous

gummata of the type known as scrofulodermia, and so on. I hand round two drawings illustrating these two diseases, Lichen scrofulosorum you will see is a follicular eruption, attacking children for the most part, but not exclusively, and is composed of grouped papules, with a distribution rather like that known as herpetiform, these being found chiefly on the abdomen and back. They are very pale pink, and look like exaggerated goose skin; they are rather evanescent eruptions, disappearing sometimes spontaneously in a few weeks. They are not, as a rule, itchy or attended by subjective symptoms of any kind whatever. It is interesting to note that an eruption indistinguishable from lichen scrofulosorum sometimes appears in persons who have had a test-inoculation of *old* tuberculin, and this observation throws an interesting light on the origin of this eruption generally. It is probably the expression of a toxæmia derived from tubercle bacilli. In acne scrofulosorum the symptoms and distribution are different. This disease has been very admirably described by Fox, whose description I would like to quote; "the eruption is indolent in its course and disseminated for the most part sparsely and without grouping, affecting the limbs particularly, and especially their external aspects, the lower extremities mostly, and notably the buttocks and the regions immediately below. The lesions appear successively or by a subacute outbreak; they are small papule-pustules, inflammatory, and seated about a hair follicle, and are accuminate in the early stages. They mostly develope a slight crown of pus, which dries up and often shells out a central follicular plug, leaving a crater. The papules in involution become flattened and more irregular in outline, simulating lichen planus, and they tend to leave stains or faint scars." Although the eruption is usually indolent, I have seen cases in which it has disappeared within a few weeks, leaving typical scars as described by Fox. Another uncommon type of tuberculous disease of the skin is that known as Erythema induratum, which is found chiefly in young anæmic girls who are on the threshold of womanhood. A deep-seated nodule, usually upon the back of the leg, is generally the first sign, and this after some months tends to break down and form a deep ulcer, which is very refractory to treatment. These lesions are far more common in females than in males, and are usually on the lower extremities, but I have seen a very interesting case of generalised lesions on the arms and trunk as well as on the legs in a girl; and I have seen two cases with the more usual distribution in males, both young boys under twelve and both delicate youths; in them there was reason to think tuberculous synovitis and periositis were present as well as the Erythema induratum.

It has been noted that in many cases of phthisis, especially in the later stages, the skin becomes very harsh and dry, and often wasted. The term Pityraisis tabescentium is sometimes given to this condition. It is a very characteristic feature and of some diagnostic importance, as it usually indicates a rapidly fatal termination.

The association of visceral disease with certain skin eruptions is established in a number of interesting affections of which I will now speak. Of these the rarest is probably Acanthosis nigricans, of which only about 20 cases are recorded. I have here an excellent photo of one such case which came under my notice some years ago. A very large proportion of these recorded cases have been shown to have died with symptoms of malignant visceral disease; in my own case the man died with symptoms of cancer of the bowel. This eruption, as you will see, essentially consists in a "general wartiness," associated with pigmentation in certain points, to which factor allusion is made in the name. The mucous membranes are usually affected, and in one case I have seen, these were alone affected. The malignant changes do not affect the skin at all; the warts are apparently perfectly benign papillomata; but the association with visceral carcinoma is too frequent to be due to a coincidence, and hence the prognosis in such cases is usually very grave. Another disease of the skin habitually associated with visceral lesions is that known as Xanthoma diabeticorum, also a very rare disease. It is characterised by the efflorescence of yellowish hard nodules, often distributed on the buttocks and elbows, and with a very definite histology. Glycosuria is almost always found in association with it. Certain eruptions not infrequently occur in connection with Graves or Basedow's disease (exophthalmic goitre). Pigmentation is the most common of these (in nearly half of a series of 79 cases of Bramwell's) leucoderma is less common, but is relatively frequent; trophic charges in the skin with alopecia; hyperidosis and greasy skin (compare myxoedema); erythematous eruptions; œdema, like Quincke's disease; urticaria, are all met with in this disease.

The diseases of the skin that have been thought to be associated with Rheumatism are very numerous, and much scepticism is expressed at the correlation. It is probable that erythema nodosum, which has been described so often as rheumatic in origin, is a disease *sui generis*, and not in any way connected with rheumatism. Some kinds of purpura have been also put down to rheumatism, and it is quite probable that since we know rheumatism to be a toxæmic condition due to the infection with certain micro-organisms, (a subject in which Dr. Poynton, late of St. Mary's, has done such good work), these purpuric manifestations are part of the effects produced by the toxines. I have quite recently seen at the Children's Hospital, Shadwell, two cases in the wards suffering from acute rheumatism, with eruptions identical in type in each case, and of very peculiar character. The trunk and limbs were invaded by a raised erythematous figured eruption, the most fantastic patterns being marked out by the erythema. They faded within about two weeks, leaving a faint brown pigmentation. They were not itchy, and there was no drug administered in common to the two cases. Very similar in causation are the cases known as surgical scarlatina, where erythemata develop after prolonged surgical operations, and are, doubtless, due to some toxines absorbed by the vessels from the wound. The erythematous eruption which is sometimes seen in association with uræmia and pyæmic conditions generally, is certainly analogous to these types, and brings us naturally to

the great group of specific fevers upon which it is not my province to touch, especially before such an expert audience as this. But dermatologists occasionally get anomalous eruptions to diagnose, occurring in the course of specific fevers; for instance, I remember seeing a case at the Children's Hospital in which a child with diphtheria, demonstrated to be that by post-mortem examination, developed a remarkable pustular eruption which I took to be of septic causation. Another evanescent eruption which is sometimes seen in children's medical wards is that due to the giving of soapy enemata; and their causation has been ascribed by Sir Almroth Wright to the absorption of alkalies by the blood and the dissolution by these means of the calcium salts in the blood, creating a diminished coagulability.

Disorders of pigmentation are fairly common with associated visceral changes. The most familiar type to you is doubtless the pigmentation of pregnancy, especially in women of a brunette type; this may assume a very disfiguring degree, and I have lately seen a beautiful blonde, the wife of a medical man, whose face was stained and spoiled in its beauty by great splashes of dark pigmentation.

The pigmentation of Addison's disease will be more familiar to you than to me, so I will not discuss that; but I may refer to the deep pigmentation which sometimes comes on in the course of diabetes—the *Diabète bronzé* of French authors. Another curious anomaly of pigmentation, which we call vitiligo, has almost certainly some profound constitutional state as its concurrent factor, but the nature of this is undetermined. I have had a case in a child, the subject of intense chorea (untreated by arsenic, I may say), but cannot find this association recorded elsewhere. It has been suggested that syphilis is its cause, but this is undoubtedly not the only cause.

The inter-relations of dermatology and general medicine are so numerous in connection with syphilis that the time at my disposal is all too short to include their consideration. The importance of the cutaneous manifestations in this disease need not be emphasized here. They are the most striking, and sometimes the only obvious, symptom of the disease, and the importance to society and to the individual of the diagnosis are so great that too much attention can hardly be paid to the differentiation of these skin eruptions from others. There is only one injury greater than that of overlooking a syphilis, and that is to declare its presence when it is not there. Let me therefore impress upon you the necessity of being sure of your diagnosis, and not to commence treatment until you are perfectly sure. The Continental practice in syphilis is, I sometimes think, superior to ours in some respects, a condition of things which is a reproach to us, seeing that the Hunterian chancre bears in its very name the history of an English discovery. In one particular I certainly think they are wiser than we are, and that is the importance they give to syphilis. An officer in the R.A.M.C., who was recently deputed by the Army Board to make a study of the treatment of syphilis abroad, has embodied his experiences in a suggestive paper in the "British Journal of Derm." Everywhere he was met with astonishment when he was obliged to inform his hearers that great London's maximum accommodation for syphilis and its study in the wards amounted in all to some forty beds at the Lock Hospital. He found further a praiseworthy caution in the procedure insisted upon by many Continental authorities, who refuse to treat a syphilis until the appearance of the secondary rash, no matter how experienced the observer may be. And a second important superiority, I think, lies in their longer treatment and greater caution in allowing marriage. In this country a common rule is to allow marriage after two years of treatment, provided that no recurrences have taken place in that time. In a recent book by a French authority, the period of treatment advised is extended to four years, and a further period of 18 months without treatment, during which the patient is carefully watched; if he presents no signs at the end of this time, he is very cautiously admitted to marriage. The importance to the community of securing untainted wedlock is so great that it seems to me no caution can be excessive; and I have repeatedly occasion to point out to my class at St. Mary's the wicked irresponsibility with which some persons will be satisfied with the minimum period of treatment. I have now a patient, a former soldier, who for a primary syphilis received in all 97 days' treatment and nothing more. He is now, 12 years after, the victim of the most terrible syphilis. I have another case which also demonstrates the extraordinary vitality of syphilis. A woman was treated for 18 months regularly at St. Mary's 22 years ago. She has come again with extensive gummatous disease, and a history of a whole holocaust of miscarriages during the interval. A recent paper in the French "Journal of Dermatology" gives a series of cases of what is called retarded syphilis, in which the infection is assumed on good grounds to be derived by conception—the woman of a tainted husband showing no signs of direct infection but developing syphilitic symptoms in later life. I shall be particularly interested in hearing of any such instances in the experience of any gentlemen present.

The constitutional factor is of great interest in some diseases of the skin in which the direct causation is still uncertain. In Lichen planus, for example, the consensus of opinion at a very interesting discussion held by the Dermatological Society of London some years ago, under the presidency of Dr. Radcliffe Crookes, seemed to point to close nervous connection. The instances of Lichen planus coming on after trouble and worry are very numerous, and I may mention some in my own experience. A young boating man, who strangely enough could not swim, was upset in the upper reaches of the Thames, and clung to his boat for four hours in imminent danger of drowning. He developed an acute attack of Lichen planus a few days after. I had two sisters at St. Mary's who came out in acute eruptions of Lichen planus as the result of a common family bereavement and distress. Dr. Pringle relates an instance of a lady whose husband suddenly died while travelling from the south of France to London, where she arrived with his corpse, and an acute eruption of Lichen

planus on her person. In another very analogous disease, prurigo, nervous inheritance is a usual factor. It is common in neurotic highly intellectual races, such as, for example, the Jews. Certain diseases of the skin are, however, directly associated with disease of the nervous system. The commonest and best authenticated of these is Herpes zoster, which has been established by the researches of Head and others to be invariably associated with disease of the ganglia of the posterior nerve-roots of the cord. Head in effect says bluntly that Herpes zoster is a specific disease of the nervous system, associated with an eruption on the skin. The injury to the ganglia may be primary, and in that case the Herpes zoster is of the usual type, unilateral and non-recurrent. But in gross injuries of the cord, such as result from accident or spinal disease, the ganglia may become affected by continuity from the cord, and in these cases the herpes is often bilateral and recurrent. A friend of mine, who had the misfortune to break some of his cervical vertebræ as a result of a dive in shallow water at Cambridge, suffers from recurrent herpes whenever a fresh attack of pain from the old injury indicates a renewal of mischief there; so that the popular idea that shingles, which goes entirely round the body, is fatal, has this foundation in actual fact, that a bilateral herpes invariably means injury to a whole segment of the cord, and this is obviously often a fatal injury. In tabes and in syringomyelia we have two essentially nervous diseases, which are often attended by skin-changes of the character of trophic ulcers. The perforating ulcer of tabes is often one of the first observable symptoms; and the recurring whitlow in association with syringomyelia—the complex of symptoms, in fact, which constitutes the rare Morvan's disease—is even more often the earliest symptom of syringomyelia. I have had recently a probable instance of this extremely rare affection. A woman became a patient of my colleague, Mr. Lane, some twelve years ago, for a whitlow on the middle finger of the left hand. The dista phalanx necrosed, and the finger was amputated at the metacarpal joint. The process, however, did not cease, but slowly extended up the arm, with concomitant trophic-ulcer of the skin, and successive amputations were performed, about six in all. She now has a conical stump below the shoulder-joint, with ulcers upon the stump, the shoulder, and the skin above the articulation of the joint. She has the altered thermic sensations and analgesia characteristic of syringomyelia. The dependence of the healing of the cutaneous tissue upon intact nerve-supply has been very strikingly demonstrated recently by Head, who performed the self-sacrificing experiment of having his own ulnar nerve divided at the elbow, and then had a frost-bite artificially induced upon the hand. The resulting ulcer persisted unhealed for more than three months, while the healing of the nerve was prevented. The neuroses also are interesting to dermatologists, who often have to treat hysterical patients, who produce factitious disorders of the skin as a sort of method of exciting sympathy. I have had a curious instance of this lately. A lady approaching the climacteric was bitten by a collie dog, and some fourteen days after the bite a ringed erythematous patch developed round the initial wound, which by that time had nearly healed. A second ringed erythematous lesion appeared four days later, lower down on the same leg. The bizarre nature of these lesions led me to the diagnosis of hysterical artificial eruptions. A very extraordinary case was shewn at a meeting of the Dermatological Society of London of a woman with hysterical paralyses, and a copious eruption of a most anomalous character upon the right thigh and leg and the right buttock and lower sacral region. The lesions were in all probability produced by friction with the fingers, as their long axis was in the long axis of the limb, but on the sacrum they were transverse to the perpendicular axis of the body. They were, moreover, confined to the right side. This character is often a clue, since most persons are right-handed and produce the lesions with that hand; but occasionally it may be on the left side in a left-handed person or one more *rusé* than the general run. In another case, which I saw with a colleague some years ago, an hospital patient had been able to excite the greatest interest and commiseration for several years in various medical centres throughout the country by the simple means of producing curious eruptions upon her body by rubbing the skin with her finger soaked in saliva or urine. She was not caught out, although most carefully watched, both by night and day nurses; but when boldly confronted with the charge, she confessed to it, with expressions of sincere admiration for the acumen of the discoverer.

Intestinal functional disorders are very frequently associated with special eruptions and are an important group, illustrating the advantage to general medicine of not ignoring the skin. In the large and frequently met with class of Urticaria, the ingesta are often directly responsible for the eruption, and we must here recognise the existence at times of an idiosyncrasy in individuals which is occasionally very puzzling. The late Mr. George Pollock used to tell a story at St. George's of his own peculiar vulnerability to gooseberries, which invariably produced an erythematous rash on his body. He whimsically added that he was an inconvenient guest at many dinner tables, for British champagne being very often a mere synonym for gooseberry juice, his tell-tale eruption would come, to cast unwelcome aspersions on the cellar of his host. A distinguished dermatologist of my acquaintance cannot touch eggs in any shape or form for the same reason. I have had recently a patient who invariably developes "spots" after taking oatmeal. The late Sir George Humphry used to say that no food eaten in moderation disagreed, but that people always ate their favourite foods beyond moderation; and an anecdote of Sir Andrew Clark illustrates that astute physician's appreciation of this dictum. A medical man, who had been much pestered for fancied ailments by an elderly maiden aunt, at last sent her to see Sir Andrew. The good lady was supremely healthy, and after a prolonged interview, which had failed to locate any disorder, he finally asked his patient if she had a special predilection for any article of diet. She confessed

blushingly to a passion for strawberries. "Ah! that is it; you must never touch strawberries," said he; "that is what it all is." So she returned in triumph and extolled Sir Andrew for his discrimination, reproaching her disgusted relative inasmuch as he had not found out that strawberries were her bane. Prolonged dyspepsia is the commonest antecedent of rosacea, and to treat the latter condition without attention to the intestinal factor is to imitate the futility of the Danaids, who collected water in a sieve. In close analogy with eruptions produced by such intestinal disturbances are the eruptions which result in individual instances from the administration of certain drugs. The list of these is very large, and it would in fact be difficult to name any single medicament which has not apparently at one time or another produced a skin eruption. I had an interesting case some time ago of the constancy with which certain individuals react to their special drugs. A German gentleman came to me with an eruption which I was familiar with in association with antipyrine. I asked him if he had taken this, and he said emphatically not; that he had been having a hunting party in Germany, and had complained of touches of rheumatism, for which a local doctor had prescribed a German patent preparation, which he mentioned. I was not familiar with the name, but upon writing to Germany I discovered that this patent stuff contained salipyrin, one of the salts of antipyrine. He had taken this preparation several times for "rheumatism," and after each occasion had come out in the same eruption, which had, however, been ascribed to other causes than the drug administered. Some of these eruptions are very puzzling, in the circumstance that occasionally they become worse and persist after the drug is left off. A lady who suffers much from sickness in trains was obliged to make a journey to Edinburgh. She took a preparation for seasickness, which contained bromide of potassium, and in about 12 hours took some 80 grains of the drug. This was repeated a couple of days later, upon her return journey to London. She developed during this week typical bromide pustules, which I saw, and these continued to come out for about three months after the journey, when no drug was being taken. I am familiar with this patient, and satisfied myself that she has a special idiosyncrasy for bromides.

Individuals may show a special idiosyncrasy to external irritants as well as to internal dosing, and an interesting example of this has occurred lately in my practice. A professional photographer who had been using much Betol in his work came to me for an acute eczema which was very resistant to treatment. It was only after some weeks that the connection with Betol was made out, and he is now perfectly well, but able to bring back his eruption at any time by resuming the use of this re-agent. Dr. Whitfield, in his interesting lectures on Eczema published in the "Practitioner," relates another special idiosyncrasy in a medical man who developed eczema while working in a laboratory where acid was much used for decalcifying tissues. He sweated profusely in his work, and the sweat apparently absorbed the acid vapours and dissolved them; an alkaline powder was applied to the skin and cured the tendency. A still more remarkable case is quoted from an American observer. A child was especially subject to the poison of Rhus toxicodendron, the American ivy. A negro servant, who was immune to the poison, was therefore instructed to pull up and destroy all the roots of the plant that could be found. Upon finishing this job he was made to wash his hands with hot water and soap and then with vinegar. In the afternoon of the same day, he took his master's child for a bathe, and while in the water held him by the armpits and rubbed his back with his hands. The child developed three days later an acute eruption, due to the plant, and died from it.

If these few and necessarily inadequate remarks will have stimulated an interest in my hearers which will prompt them to examine and record cases of skin eruption appearing in their practice, I shall be well rewarded for whatever time I have spent in compiling this paper. It too often happens that busy men in general practice come to ignore any eruption with which they are not familiar, and to make little of it to the patient. I had an instance of this only this morning, when a woman with an extensive eruption of Lichen planus came to me, and, in the course of examination, told me she had been under the care of a medical man, who, in her own words, said the rash was "nothing"! It has lasted for 10 months! and he has been treating her for anæmia, from which she is not suffering. The skin in the extent of its bulk, in its vulnerability, its complexity, and its functions is surely one of the most important tissues of which the body is composed, and it is truly difficult to understand why it should be so frequently regarded as a negligible quantity and its diseases so little appreciated by the great bulk of the profession. I hope I may have persuaded some of my audience at least to take a greater interest in this branch of medicine.

The Wards by Night.

The porter stealing through the wards with a trolley in the dead of night is a familiar sight enough, but on one particular night there seemed an air of unwonted secrecy and awe about the porter and his lifeless burden. Curiosity caused inquiry to be instigated with the following result. Lewis Lloyd had been discovered to be haunted. The two night nurses on duty laid a subtle trap, the victim was duly snared by reason of a partiality for cheddar cheese. The said nurses approached the night-porter. "B—, would you kindly remove a form from Lewis Lloyd?" "Alright, Miss, I will waken the emergency porter." "Oh, pray don't do that, it is lighter than some, you can quite well manage it yourself." "Very good, miss." Gently the form of the victim was raised on to the trolley, and away through the gloom moved porter, trolley and one poor little dead mouse to receive decent burial. No autopsy was made by petition of the broken-hearted nurses, the cause of decease at the same time appearing sufficiently obvious.

Medical Society Meeting.

Paper on Hypnotism by Dr. EDWIN ASH.

The Society's second meeting on Wednesday, October 24th, was in every way thoroughly successful and the large number present showed that great things were expected. The meeting was a record one in the annals of the Society. Dr. Ash's instructive and convincing experiments gave a far-reaching insight to his audience, into the marvellous, and to many present, obscure wonders of hypnotism. Yet his modesty in endeavouring to persuade us that these wonderful works were due to no virtue of his own, but were open to every one of us who had sufficient keenness in the subject and power of self-assertion was no less remarkable than his demonstrations.

He began by telling us that the term "Mesmerism" was derived from Mesmer, who plied his art in Paris and other European capitals and gave prominence to the efficacy of the passes which he was accustomed to employ in inducing the Hypnotic state. Dr. Ash did his best to give the lie to the popular superstition that there is intrinsic merit contained in the utilisation of passes, and explained that their sole virtue lay in attracting the attention of the subject, by actual touch, to any given portion of his anatomy, in which the operator is desirous of producing the cataleptic phenomena. He spoke of the Society of Magmetisers, with whom he had no sympathy and whose assertions are, of course, obviously fallacious to the scientifically educated mind. Neither did he accept the view of telepathetic influence as popularly credited.

He told how in 1740 La Fontaine practised Hypnotism in Paris with no mean success and how Dr. Braid, of Manchester, made a point of investigating his machinations with a view to disproving and showing them up, and that the latter was convinced and eventually practised himself. La Fontaine's method of inducing Hypnotism was to cause his subject to gaze steadfastly at a bright object and he gave to the mesmeric condition thus produced the name Neuripnotism. Bernheim, Dr. Ash told us, employed a term "Exhaltive Suggestibility," being the cerebral condition in which the subject is more amenable to suggestion and of receiving into his mind insinuated ideas under Hypnotic influence. Soon, we were to have good examples of this Exhaltive Suggestibility when Dr. Ash's numerous subjects reached strikingly to his suggestions regarding the line they should adopt as to action and speech, etc., and became in their somnambolic state more automata to do his bidding. "Subliminal Consciousness" was the term used by Bernheim to define the state of subconsciousness induced by hypnotism. Dr. Ash referred to the various modes employed by charlatans and others of producing the condition and went on to explain his own methods, which were as follow:—The subject to be directed to gaze at and concentrate his attention on some bright object,—various objects are employed by himself,—such as bright metal discs set on dark background, or finger-ring or his own eyes. Next the suggestion is made that sleep is about to ensue and the subject sinks into a passive condition but may be still conscious of his surroundings.

The subject must have the power of being capable of concentrating his attention, but no especial effort of will is required on the part of the Hypnotiser. The suggestion should previously be made that the subject will awake when wished, as otherwise Hypnotic lethargy or coma is liable to occur.

The conscious mind is sent to sleep and the subconscious mind, so to speak unmasked. Amnesia we are told can be attained by mere suggestion. Amalgesia too has only to be suggested and may then be unquestionably complete. The Amesthesia accompanying the Hypnotic state is characteristic and was demonstrably perfect in all Dr. Ash's subjects without exception. Of the cataleptic phenomenon or state of muscular rigidity we saw a good example in a subject remaining for five minutes perfectly rigid, suspended between two chairs by heels and nape of neck and with Dr. Ash's full weight superimposed. The subject's attention was directed to the muscles, in which rigidity was required by means of passes made by the hand in contact with them. He laid stress on the fact that the passes were merely intended to attract the subject's subconscious attention to particular muscles and were not in any way magnetic. A detailed description of all Dr. Ash's experiments could not be contained between the two covers of the GAZETTE, and we regret that only the following short account can be given here:—

Subject 1.—Man, middle-aged, carpenter by trade, in robust health. After being reduced to the subconscious state this man was seated in a chair and told to go on with his work. This he did, making the nature of his trade quite evident by his toolless manipulations.

Dr. Ash invited his audience to test the anaesthesia by means of needle stabs and other methods. This was done and the anaesthesia pronounced genuine.

The subject was then stimulated by manual passes to go into a state of catalepsy and remained for full five minutes suspended between two chairs by his heels and nape of his neck, a man's full weight being added to the subject's own with no sign of bending of the rigid form.

After removal from the chairs and being told that he was no longer stiff the man was replaced in his chair and continued his suggested occupation.

Subject 2.—Young volunteer in full health and well developed. Marches, halts and about turns by word of command from any member of the audience. Capable of entering into argument. On being told by Dr. Ash that he is no longer a man, but has become a cat, sinks slowly on to all fours and prowls about the room. The appearance of a mouse suddenly indicated causes subject to craftily raise paw and pounce at leg of chair.

Told he is no longer a member of the feline race but a volunteer in camp and that the "dress for parade" bugle has sounded, rises and goes through all the motions of washing and dressing down to the remotest detail. Informed that he is excused parade in order to drive the Colonel's motor-car into Aldershot with important dispatches he begins to argue—says he has never in his life driven a motor-car and has not the slightest idea of how to set about it. However after standing and looking at the car (chair) a few moments being impressed the while with the urgent necessity

of the undertaking he slowly bends down and turns the handle of the starting gear. He then mounts the car, releases his brakes, puts in his clutch and handles the steering wheel with apparent confidence, from time to time squeezing the bulb of his phantom hooter. Suddenly Dr. Ash claps his hands; the chauffeur hearing the explosion, stops his car, steps out and stands staring at the monster from a few paces distance, then deliberately sinks on to hands and knees and grovels ignominiously beneath his mock car in vain endeavour to discover the mischief. Dr. Ash then suggests he shall mount a horse and ride at full speed with the dispatches; this he agrees to with alacrity as being more used to the old-fashoned equine mode of locomotion and rides his hobby horse like any jockey, except that he appears not to understand the use of spurs, for any amount of suggestion will not avail to persuade him into any such methods of barbarism. Safely arrived at Aldershot and his horse dead beat, he is set to drive back by wagon and pair, and here again is thoroughly at home at once, handling his whip, keeping his horses together like a professional carman. As Dr. Ash convincingly remarked "this man could make his fortune on the stage, were his acting possible during full possession of his conscious mind." Anaesthesia was here again undoubtedly present.

Subject 3.—Elderly, intelligent man, in good health and tall in stature. Gives a free trade speech, on the subject of his address being suggested to him, and rolls out from the memory of previously heard facts, stored up in his "subliminal consciousness," a rational apparently thought-out speech, and continues his oration from the steps of the platform until satisfied by suggestion from Dr. Ash that his audience have heard enough and are convinced by his logic. On being again aroused and told that he is witnessing the funniest scene of his life, leans forward in his chair, gazes into the audience and breaks into uncontrolled laughter, gesticulating the while, and behaving like one possessed of extremest merriment, not to say seven devils. He becomes perfectly passive once more, on being reassured by Dr. Ash that the ridiculous scene he has been experiencing is no longer ridiculous, and composes himself once more to soundest somnolence. Members may be excused for supposing that the subject had really been awakened and had burst into mirth at the suddenly revealed ridiculous nature of the situation.

Subject 4.—Middle-aged man. Carpenter by trade. Feeble pulse and generally depressed vital energy. This man had been buried alive in a coffin for 10 days, 10 years ago, at the Aquarium, and on a previous occasion had been buried for 7 days. He had been none too well treated by Charlatans. and had vowed never again to submit to being put into a trance. However, on hearing of Dr. Ash, and knowing him to be a man of science and a doctor, and therefore incapable of villainy, he called on him and said he was willing to become his hypnotee.

He was asked if he should object to being subjected to hypnotic influence for as long a period as two hours, and replied, "Call that a trance."

Dr. Ash informed us that this man was perfectly safe in future, as he had undertaken not to submit to being hypnotised by any more quacks, in fact that his was the monopoly! We were informed that owing to his depressed vitality this subject needed dealing with utmost caution, and that at present his stage manager would only proceed with the utmost caution. Such a man as this reacts instantly to hypnotic influence, and unless every precaution be taken, is in danger of remaining in the state of trance for a prolonged period. One must be careful to impress him with the suggestion that he will come to when required. This man was told to follow his customary trade, and use his tools, plane, hammer and saw, etc., in the manner of the professional actor, revealing the fact that in his former experiences of mesmerism he had been taught to perform these acts in recognised dramatic manner. We were relieved to find that Dr. Ash experienced no difficulty in restoring this subject to full consciousness.

Subject 5.—Young man only once previously hypnotised, and then by Dr. Ash for the purpose of lancing a dental abscess. Sent off into hypnotic anæsthesia and tooth extracted by secretary of the society, after exchange of sound-tooth forceps to stump forceps, so that patient was submitted to somewhat prolonged operation. Examined afterwards, it was discovered that patient had felt nothing of the operation, and a remarkable fact was that practically no hæmorrhage occurred. This absence of bleeding was also noticeable in all the other subjects who had been subjected to the anæsthetic test of the needle point.

At the conclusion of the demonstrations, Mr. Paton, our president, rose and thanked Dr. Ash for his most interesting paper and convincing demonstrations. He said that if any had come doubting he was sure that they would go away thoroughly convinced of the powers of hypnotic influence and of the wide field that lay open for the furtherance of therapeutics in this departure of medical science. The President then read a letter from the superintendent of one of our greatest asylums for the insane, expressing his regret at being unable to be present.

Mr. Paton then referred to a matter which had been raised at a previous committee meeting, namely, the necessity of appealing to members for a small subscription towards the funds of the Society, owing to the low state of finance of the Amalgamated Clubs. He suggested that members other than the Staff should be limited to a subscription of half-a-crown, and that the Staff should be privileged to subscribe as their liberality might suggest.

In the discussion which followed, a visitor, Dr. Bryan, a member of the Staff, and two other members raised some good points.

Mr. Cope quoted James, and said that the probable explanation of some of the older medical practitioners (referred to by Dr. Ash) not crediting the powers of hypnotism was that they had read no psychology in their student days, and that consequently when they grew older. and their minds had become more or less fossilized, they were incapable of modifying their material ideas. He also referred to Mr. Hall Caine's well-known book "Drink," and was anxious to know if Dr. Ash had any experience of the efficacy of hypnotism in the cure of inebriety.

Dr. Hill said he had read a paper five-and-twenty years previously before the Students' Society of those days, but that his subjects were mostly taken from the dissecting-room. He said he then attacked the subject from a somewhat different point of view, and considered in detail brain function and action. He followed Heidenheim in his belief in the inhibition of certain cerebral centres and short-circuiting of impulses. He concluded by saying that there was no doubt a very wide field now open to Dr. Ash, and congratulated him on the way he handled his subjects.

Mr. Rous said he considered it the duty of practitioners to practise hypnotic suggestion in treatment, and quoted a case of a child in De Hirsch who had awaked with fearful night-terrors, and whom he had been able to send off to sleep by these methods. He also told us of a case of blepharo-spasm in a woman successfully cured by Dr. Ash, and asked for information as to the permanency of the cure. This woman had suffered from convulsive tic of both eyelids, blinking and winking continuously for several years past.

Dr. Bryan told us he had been in this line for the past thirteen years, and lately gave a demonstration at the Middlesex Hospital. He considered that the best results could be obtained with cases of dypsomania. He had found hypnotism especially beneficial in neuralgia and hysterical affections. It was suggested by Dr. Bryan that vaso-motor life is definitely affected by the hypnotic condition. The power should prove useful, he said, in advanced cases of pneumonia and other diseases, in which depressants cannot be given.

In replying, Dr. Ash said he had never yet attempted the cure of inebriety, but that there certainly were possibilities in this respect. The case of blepherospasm mentioned by Mr. Rous had gone on well, and there had been no recurrence. He had followed cases treated by charlatans, and had seen some most unhappy terminations.

C. E. REDMAN } Hon. Secs.
T. KETTLE }

St. Mary's Football Clubs.

ASSOCIATION.

v. OLD BERKHAMPSTEDIANS.

This match was played on the home ground at Wormwood Scrubbs, on Saturday, November 3rd, on a very greasy field. Result: Lost, 3—1.

The game proved to be the best we have so far contested, but we were somewhat unfortunate in being deprived of the services of Wickham at centre-forward, of Matthews at outside-right, of Hirsch at right-back. The game was fast throughout, but our own forwards failed utterly in combination, due chiefly, perhaps to the greasy condition of the ground. Our only goal was scored through a neat shot by V. G. Hobbs. Hamilton played his usual sound game. We think the latter player should stand a good chance of being selected to assist the United Hospitals in the coming fixture *v.* Dublin University.

Team:—A. Hamilton, *Goal;* V. C. Martyn and A. C. Martyn, *Backs;* R. J. Wooster, C. E. Redman, and F. Hobbs, *Half-Backs;* F. Basford, C. Binns, H. H. Taylor, V. G. Hobbs, and A. W. Bevis, *Forwards.*

v. CASUALS.

Played on the home ground at Wormwood Scrubbs on Saturday, December 1st, and resulted in defeat of the Hospital by 3 goals to 1. This result was no discredit to us, considering the very powerful side brought against us, and it was a great consolation to hear that this same team had beaten many of the other large Hospitals by a still greater margin. H. G. Willis, who will after all be playing for us under the new six years' rule which is to come into vogue before the cup-ties, resumed his old place at centre-half, and played a very hard game. Hayes took Matthews' place at outside-right.

The visitors won the toss, and elected to play down hill with the wind at their backs. Play was fairly even; but it must be confessed that our visitors had rather the best of things during the first half, and they scored their first two goals before crossing over. In the second half Mary's pressed for the most part, and our forwards often looked dangerous, Taylor scoring on one occasion with a very neat shot. Several opportunities were missed, and likely looking shots went wide, leaving the score when the whistle sounded at 3—1.

Wickham had the misfortune to dislocate his kneecap during the early exchange of the 2nd half, and had to leave the field. Hamilton again played in his best form, and saved several shots which appeared certain scorers.

Team:—A. Hamilton, *Goal;* A. L. S. Hirsch and A. C. Martyn, *Backs;* V. C. Martyn, H. G. Willis and C. E. Redman, *Half-Backs;* A. Hayes, F. St. Barbe-Wickham, H. H. Taylor, V. G. Hobbs, and A. W. Bevis, *Forwards.*

v. FELSTEAD SCHOOLS.

Played at Felstead, Saturday, December 8th, resulted in a win for the School by 2 goals—0 Our team turned up two short, and had to be content with substitutes. The ground proved very difficult, being sticky on the top. Although Mary's got the most of the game and made many attempts at scoring, they were unable to do so, and the result was no criterion of the day's play.

ASSOCIATION NOTES.

The A.F.C. General Meeting was held on October 20th. Mr. Collier presided in the chair.

After formal resignation of last year's Committee the following were unanimously elected to serve for the Season 1906-1907:—

Captain—A. W. Bevis.
Vice-Captain—H. H. Taylor.
Hon. Secs.—C. E. Redman, F. St. Barbe-Wickham.
Committee—H. G. Willis, V. C. Martyn.

RUGBY.—1st XV.

Eight matches have been played during the first half of the Season, of which five have been won and three lost.

The Hospital have scored 101 points as against 53.

"Number Eight."

(*It is rumoured that Number Eight is to be abolished.*)

A wooden box, six feet by ten,
(Not more I beg to state),
No air, no room, no light. all gloom,
You've guessed it—"Number Eight."
Not Buckingham Palacy, "open space" fallacy,
But stuffy and snug "Number Eight."

And babies thin and babies stout,
And babies small and great,
With all diseases, snorts and sneezes
Are found in "Number Eight."
O bronchial-breathingy, convulsivo-teethingy,
Heaven's reflex, "Number Eight."

Here triplets' voices rend the air,
Bemoaning their sad fate,
And snarls and shrieks, and squalls and squeaks
Resound through "Number Eight."
O "cat-on-the-tilery," heard many milery,
Target for bricks, "Number Eight."

The infants sing like nightingales
Sweet songs of love or hate,
What wonder that a *bird* should choose
To visit "Number Eight."
O better-than-Melbary, beating-Sir-Elgary
Opera House, "Number Eight."

Of deeds heroic nobly done
Some men may need to prate,
The R. O. O. has but to show
He works in "Number Eight,"
In screamingy-booingy, Dante outdoingy,
Inferno on earth No. 8.

And when exhausted by his toil
Too weary far to wait
His last receipt is "Hyd c Cret"
On leaving number eight,
The very H.g-ery, home-of-the-flea-ery,
Mercury smeared Number Eight.

Ye Clarence vandals who would say
"Old things deserve their fate,"
O spare the pre—historic pee—
—P' that's known as "Number Eight,"
The ancient and mythical, preneolithical
Adam and Eve's "Number Eight."

O all ye lovers of antique
Who innovation hate,
Come rally round this sacred ground,
Preserve us "Number Eight,"
The built-by-grand-fathery—earlier rather'y,
Hallowed by time "Number Eight."

The "Cot."

Oh, rumour strange, yet often true,
But incorrect more times than few;
No, ev'ry rumour is not true,
Though men may swear it black and blue.
Report doth say that Mary's Students
Casual are, and void of prudence,
That they're very wicked Students,
That they stake at Nap and Loo pence.
Say the callous-minded Sinners,
"But we're only just beginners,
We're incorrigible Sinners,
Recking most of drinks at dinners.
Chuck our games we won't and cannot,
Though we've often tried by ballot;
Turn our thoughts we dare not, cannot,
To the sick-bed or the Kid's Cot.
Charitable Souls have started
Fleecing us for gold, imparted
By our Paters, when we started
Back to Mary's, lightsome hearted.
Do they ask it with good reason?
'Baby Darling' won't it please 'um!
Is it such a worthy reason
To maintain him for a Season?
Students' cots are right enough,
When they are lin'd with downy stuff,
And when the dreamer's well enough
To realise that threats are bluff.
The Student dreaming in his cot,
So sweetly dreaming that it's rot,
Awakes, and knows the Student's cot
To be his own, his rightful lot.
Again he sleeps, dreams as before,—
Oh, why should kiddies more and more
Usurp the claims of Students, for
The Cot's for us when wounded sore."
Oh Casual, callous Student men,
Still void of prudence, learn ye then,
Incorrigible, wicked men,
The Cot's a thing for Baby's ken.
When Baby's been there days and weeks
Fed upon Frame food, which he seeks
With eager eyes, unharm'd by Week's
Bacillus, and so glibly speaks
Of all the kindness he's received
From Students, and is undeceived
By nurses, who have well perceived
That use of Frame-food has achieved.
Then surely your cold hearts will melt,
You'll know the kiddie, whom you felt
Unworthy of a mouth to melt
Sweet sugar plums, and which misspelt
The wording written over head
Upon the tablet o'er his bed,
Where nestles snug his curly head.
Then cruel words must not be said.
So, one and all give gladly to
This object which we urge anew
Your inmost hearts and pockets too
Again with Charity embue.

KEN.

Books Received for Review.

LECTURES ON MASSAGE AND ELECTRICITY. 6th Edition. By T. S. Dowse, M.D., F.R.C.P.Ed. 7/6 nett. Wright & Co., Bristol.

A GUIDE TO URINE TESTING FOR NURSES. By Mark Robinson, L.R.C.P., L.R.C.S.Ed. 1/- nett. Wright & Co., Bristol.

ELEMENTS OF PRACTICAL MEDICINE. 9th Edition. By A. H. Carter, M.D., F.R.C.P. Price 10/6. H. K. Lewis.

DISEASES OF THE EYE AND THEIR TREATMENT. 9th Edition. By H. R. Swanzy, M.D., and Louis Werner, F.R.C.S.I. Price 12/6. H. K. Lewis.

MEDICAL ANNUAL SYNOPTICAL INDEX. Vol. II. 1899-1904. Price 7/6 nett. Wright & Co., Bristol.

CLINICAL LECTURES ON NEURASTHENIA. By Thos. A. Savill, M.D. Price 7/6 nett.

MEDICAL ELECTRICITY. By H. Lewis Jones, M.D., F.R.C.P. Price 12/6 nett. H. K. Lewis.

INDICATIONS FOR OPERATION. By H. S. Schlesinger, M.D. Price 9/6 nett. Wright & Co., Bristol.

MEDICAL AND PHARMACEUTICAL LATIN. By R. R. Bennett. Price 6/- nett. J. and A. Churchill.

CANCER OF THE BREAST AND ITS OPERATIVE TREATMENT. By W. Sampson Handley, M.S., F.R.C.S. Price 12/6 nett. John Murray, London.

Reviews of Books.

THE DISEASES OF WOMEN; A HANDBOOK FOR STUDENTS AND PRACTITIONERS. J. Bland-Sutton, F.R.C.S.Eng. and A. E. Giles, M.D.Lond., F.R.C.S.Edin. Fifth Edition, pp. 536, with 129 illustrations. Rebman, Limd., London and New York. Price 11/- net.

The fact that this work has reached its Fifth Edition vouches for its popularity, and places it on the list of standard works on gynæcology. The present edition has been revised, and much new matter has been introduced, especially in relation to chorion-epithelioma, extra-uterine gestation, and tumours of the ovary. It cannot be expected that any text-book will satisfy the feelings of all, as opinions expressed must be clearly realised as belonging to the authors and not necessarily as those generally accepted. In some respects this work is no exception to this rule. Some of the well known opinions of the Senior Author will not be tacitly agreed to by all, but expressed by him in all sincerity as the outcome of prolonged study and laborious research, they will, at all events, command our deep respect, and will require very clear evidence to be brought forward by antagonists. We believe most strongly in dogmatic teaching, and in this respect this work will not be found wanting. We regret to see very little mention of the dangers of the uterine sound, especially with the regard to the introduction of sepsis by it in consulting room practice. In fact we should have hoped that the authors would have recommended the abolition of the use of the sound except when the vagina has been made aseptic just before an operation. The sound, too, is the only instrument suggested as a means of replacing a difficult retroversion, whereas the use of a vulsellum to draw down the cervix, combined with digital manipulation, as a rule, is as successful, and is a much less dangerous procedure. We notice the Authors rely largely on vaginal douching before vaginal operations, whereas it is generally admitted that nothing short of scrubbing with wool pledgits, soap and antiseptic is really effectual in this direction. Modern research into the etiology of tubal moles has shewn conclusively that the source of the hæmorrhage is maternal; no mention is made of this, the authors still lead the reader to believe that the hæmorrhage is fœtal, and into the sub-chorionic space. There can be no reasonable doubt that it is maternal and into the chorio-decidual space. Taken as a whole, the work clearly presents classical modern teaching, and may be cordially recommended to students and practitioners.

TEXT BOOK ON DISEASES OF THE HEART. By Graham Steell, M.D., F.R.C.P., Senior Physician to the Manchester Royal Infirmary. Published by the MANCHESTER UNIVERSITY PRESS.

This work will prove a valuable addition to the existing text books on diseases of the heart.

The subject is presented in an original manner and there are many aspects of the subject treated upon in considerable detail which are often neglected in other text books. Considerable attention for example is devoted to the instrumental examination of arteries and veins, and prominence is given to the recent work of Mackenzie and Wenckebach. Numerous excellent tracings illustrate the various points dealt with in this direction.

Another interesting feature is the detailed account of the sensory disturbances associated with Angina Pectoris and other forms of cardiac disease, and numerous diagrams illustrate the areas of hyperalgesia and referred pain which have been so carefully investigated by Dr. Head.

An Appendix by Dr. Lorrain Smith is of great interest since it deals with a point up to the present almost lost sight of in the consideration of heart disease, viz.: the volume of the blood. This can be determined by the method originally worked out by Haldane and Lorrain Smith in which a certain amount of carbon mon-oxide is breathed by the patient, and from a knowledge of the amount of gas absorbed together with percentage of saturation of the blood the necessary calculation of the volume of the blood can be made. The author points out that there is a marked plethora in cardiac disease when associated with failing complusation, and shows that observations on the condition of the blood are of little value unless in addition one knows the amount of blood in vessels. It is doubtful however if the carbon-non-oxide method is of ordinary clinical application since there is undoubtedly some danger of an overdose of the gas be taken by a patient suffering from "morbus cordis."

The clinical part of the work is very good and gives much of his valuable personal experience.

The chapter on diet in relation to cardiac disease is of especial interest and value.

In the chapter on treatment one is surprised at certain omissions, for example under pericarditis there is no mention of the use of icebags or leeches in the acute cases, these have been found most valuable by many physicians and the importance of this line of treatment has been demonstrated by the careful observations of Dr. Lees. Then again with reference to "bleeding" only a few lines are devoted to this important therapeutic measure and these commence with the statement that the treatment of heart disease and many other diseases by bleeding has almost ceased to be practised though there are a few circumstances in which it may be usefully employed.

Surely in many cases of failing compensation in mitral incompetence bleeding by means of leeches and venesection is a most valuable therapeutic measure and gives relief to the overfilled right heart which the author alludes

to in another portion of the book. It is to be regretted that by some physicians bleeding has almost ceased to be practised in cases of heart disease.

An objection to the book from the point of view of the Student is that though the subject is dealt with in a broad and comprehensive manner, yet each particular type of valvular disease is considered with very briefly so that reference say to the signs and symptoms of mitral stenosis or aortic regurgitation needs much hunting about.

The different types of valvular disease are not dealt with in the full and detailed manner which one would expect in a work of this kind, thus only eight pages are devoted to the detailed consideration of the common types of heart disease.

Appointments.

BOND, F. T., M.D.Lond., M.R.C.S., F.R.S.Edin., re-appointed Medical Officer of Health by the Thornbury (Gloucestershire) Board of Guardians.

LEAH, T. Noy, M.B., B.S.Lond., L.R.C.P., M.R.C.S. Hon. Surgeon to the Royal Albert Hospital, Devonport.

MILLER, R. H., M.B., B.S.Lond., L.R.C.P., M.R.C.S., Medical Registrar Hospital for Sick Children, Great Ormond Street, W.C.

NIX, Sidney, M.B., B.S.Durh., L.R.C.P., M.R.C.S., House Physician, Bethlem Hospital, S.E.

ST. JOHN, WINSTON, St. A., L.R.C.P., M.R.C.S., Hon. Anæsthetist to the Derbyshire Royal Infirmary.

TUCKER, J., M.R.C.S., L.S.A., Certifying Surgeon under the Factory and Workshop Act for the Chulmleigh District of the County of Devon.

WILLCOX, W. H., M.D., B.Sc.Lond., M.R.C.P., D.P.H., Physician to the Great Northern Hospital.

Change of Address.

BURPITT, H. R., M.D.Brux., L.R.C.P., M.R.C.S., 381, Camden Road, Holloway, N.

LANE, J. Ernest, F.R.C.S., 47, Queen Anne Street, Cavendish Square, W.

WHITE, W. H., M.A., B.Sc., 2, Bushy Park Villas, Hampton Wick.

Pass Lists.

UNIVERSITY OF LONDON.

DEGREE OF M.B. and B.S. (Honours).

Charles Aubrey Pannett, B.Sc. (Medicine, Pathology and Surgery.) Æq. for Gold Medal.

UNIVERSITY OF DURHAM.

DEGREE OF M.B. and B.S.

Sidney Nix, L.R.C.P., M.R.C.S.

SOCIETY OF APOTHECARIES.

Surgery ... ... W. S. Mitchell.

Diploma ... W. S. Mitchell, L.R.C.P., M.R.C.S.

The Services.

ROYAL NAVY MEDICAL SERVICE.

Staff-Surgeon F. F. Lobb, L.R.C.P., M.R.C.S., has been appointed to H.M.S. "Pegasus."

Staff-Surgeon H. S. Burniston, M.B., B.S.Durh., has been appointed to H.M.S. "President" additional, for three months' study at West London Hospital.

Staff-Surgeon W. G. Westcott, L.R.C.P., M.R.C.S., lent to H.M.S. "Cambridge."

Surgeon W. R. Harrison, L.R.C.P., M.R,C.S., has been appointed to H.M.S. "Victory." (Nov. 27th.)

PROMOTION.

Surgeon R. S. Osborne, L.R.C.P., M.R.C.S., to be Staff-Surgeon. (Nov. 8th.)

Surgeon W. G. Westcott, L.R.C.P., M.R.C.S., to be Staff-Surgeon. (Nov. 8th.)

Staff-Surgeon Westcott was Surgeon of H.M.S "Dwarf" during the South African War, 1899-1900 receiving the Medal; at the base, Cape Coast Castle during the Ashantee War in 1900; in the River Gambia during the Military Operations in 1901; and in the Niger during the Aro Expedition in 1902.

ROYAL ARMY MEDICAL CORPS.

Lieutenant D. Le Bas, L.R.C.P., M.R.C.S., resigns his Commission November 14th. He was appointed January 30th, 1904.

Captain R. L. Argles, L.S.A., has been posted to Lahore Cantonment, Northern Command.

Captain R. V. Cowey, L.S.A., arrived home from India.

Lieut. G. E. Ferguson, L.R.C.P., M.R.C.S., embarked for Egypt.

CHANGE OF STATION.

Captain H. G. S. Webb, L.R.C.P., M.R.C.S., from Mian Mir to Lahore.

Lieut. G. H. Richard, L.R.C.P.,M.R.C.S., from Barrackpore to Dinapore.

Lieut. E. G. Athonisz, L.R.C.P., M.R.C.S., from Netley to India.

INDIAN MEDICAL SERVICE.

PROMOTION.

Captain H. J. K. Bamfield, L.R.C.P., M.R.C.S., to be Major.

Lieutenant J. Hay Burgess, M.B.,F.R.C.S., to be Captain (July 28th, 1906.)

Lieutenant C. H. Brodribb, M.B., B.S.Lond., L.R.C.P. M.R.C.S., to be Captain. (July 28th, 1906.)

Lieutenant E. W. C. Bradfield, M.B., B.S.Lond., to be Captain. (July 28th, 1906.)

Announcements.

BIRTHS.

ADDISON.—On December 11th, at Seychelles, the wife of J. B. Addison, L.R.C.P., M.R.C.S., of a son.

GILMOUR.—On November 20th, the wife of Staff-Surgeon R. T. Gilmour, L.R.C.P., M.R.C.S., L.S.A., R.N., of a daughter.

WILLCOX.—On December 5th, at 16, Hoveden Road Cricklewood, N.W., the wife of W. H. Willcox, M.D. B.Sc.Lond., M.R.C.P., D.P.H., of a daughter.

DEATH.

BLATCHFORD.—On the 25th November, at Bude, Cornwall, Frank Henry Blatchford, M.B., B.C.Camb., of Pulborough, Sussex, aged 35.